

A. Ralph Mollis. Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 101-222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.1, 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| 7 10 No 000151473 | · | Exact name of the limited hability company lennessey Construction, LLC | | | | |
|---|---|---|--|--------------------------|------------------------|--|
| 3. State of Formation 4. Brief description of the character of the residential construction | | business which is actually conducted in Rhode Island | | | | |
| 5 Principal office address 7 Ragnell Road | | | City West Greenwich | state RI | <i>Ση</i> ρ 02817 | |
| 6. MAILING ADDI Contact Name Kevin M. Henne | | BILITY COMPANY AN | D NAME OR TITLE OF CONTACT : Contact Title Member | PERSON: | · | |
| Street Address 7 Ragnell Road | | | City West Greenwich | State RI | <i>Ζψ</i> 02817 | |
| 7. NAME AND AD | | | ED LIABILITY COMPANY, IF APPLING ATTACHMENTS ("X" BOX FO | | r list members | |
| Manager Name | | | Manager Nome | Hanager Name | | |
| None Street Address | | | Street Address | Street Address | | |
| СИ _Г | State | Zψ | Gra- | State | Zip | |
| Manager Name | | | Marrager Namo | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| C#I' | State | Zip | CH): | Мене | Zip | |
| | ENT IN RHODE ISLAND currently of record in the | | of State. Changes require filing of Fe | orm 642 - R.LG.L. 7- | | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000151473

| File Date _ | FILED | |
|-------------|-----------------------------|-----------------|
| Check No | DEC 0.7 2011 | |
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| Under penalty of perjury, I declare and affirm that I have examined this report |
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| including any accompanying schedules and statements, and that all statements |
| contained herein are true and correct. |

Signature of Authorized Person

Kevin M. Hennessey Jr.

Print or Type Name of Authorized Person

Form 632 Rev. 08/08