



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

**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.L. 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.*

1. ID No. <b>45884</b>		2. Exact name of the limited liability company <b>VIKING SAND COMPANY LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>related product Manufacture, production and sale of any stone, gravel or</b>			
Principal office address <b>635 Fish Road</b>		City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>Gregory D. Mello</b>		Contact Title <b>Member</b>			
Street Address <b>P.O. Box 1011</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

**FILED**

**JUN 07 2012**

**3489**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* *[Signature]*  
Signature of Authorized Person Date

**Gregory D. Mello**  
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

File No.  
Check No.