

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2 Event	no of the limited ligh	ility company			
		2. Exact name of the limited liability company APD Contracting L.L.C.				
489264	,					
3. State of Formation			cter of business conducted in F			
Rhode Islan	id his	ht earp	entry, maintar	ver ects		
5. Principal office address			City	State	Zip	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:		
David A. De Cesare			Contact Title President			
Street Address 66 North Williams ST,			City to has to	n R.I.	Zip 02919	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		PRESSES) OF THE	LIMITED LIABILITY COMPAN	NY, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN I	RHODE ISLAND	·				
This information is curre	ently of record in the	e Office of the Sec	retary of State. Changes requ	uire filing Form 642.	N ()	
		FILEC)		SECRETARY OF CORPORATION	
	В	JUN 2 6 201 y	2		STATE VS DIV	
File Date			this report, inclu		firm that I have examined schedules and statements, are true and correct.	
Check No	<u> </u>	· ·	Lavid A	DeCesara	6/23/2012	
Ву:	• .		Signature of Author	orized Person A. De Cesare	Date	
FOR SECRETARY OF S	STATE USE ONLY			ne of Authorized Person		

Form No. 632 Revised: 01/2012