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
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. Exact name of the limited liability company		
505921	Manganaro Northeast, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
MA	Non-residential drywall, plaster work and Build Insulation		
5. Principal office address: 52 Cumming Park	City: Woburn	State: MA	Zip: 01801
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Chad Cozen	Contact Title: Controller		
Street Address: 6405-D Annapolis Road	City: Bellville	State: MD	Zip: 20706

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date _____ **FILED**
Check No _____
By: _____ JUL 05 2012
FOR SECRETARY OF STATE USE ONLY
BY 10002356O

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 of Authorized Person — Date: 7-3-12

David Manganaro
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

[redacted]