

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 2012

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 Quigley Excavating, LLC				
161705						
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Excavati	ng				
5. Principal office address 952 Mooresfield Road			City Wakefield	State RI	Zip 02879	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND NA	ME OF THE OF CONTACT	ERSON:		
Contact Name Randy Quigley			Contact Title Manager			
Street Address 952 Mooresfield Road			City Wakefield	State RI	Zip 02879	
7. LIST ALL MANAGERS	(NAMES AND ADD	RESSES) OF THE LIF	UITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBER	
("X" BOX FOR ATTAC						
			Manager Name			
("X" BOX FOR ATTAC Manager Name						
("X" BOX FOR ATTAC Manager Name Randy Quigley Street Address 952 Mooresfield Ro		Zip 02879	Manager Name	State	Zip	
("X" BOX FOR ATTAC Manager Name Randy Quigley Street Address 952 Mooresfield Ro City Wakefield	pad State	Zip	Manager Name Street Address		Zip	
("X" BOX FOR ATTAC Manager Name Randy Quigley Street Address 952 Mooresfield Ro City Wakefield Manager Name	pad State	Zip	Manager Name Street Address City		Zip	
("X" BOX FOR ATTAC Manager Name Randy Quigley Street Address 952 Mooresfield Ro City	pad State	Zip	Manager Name Street Address City Manager Name		Zip Zip	
("X" BOX FOR ATTAC Manager Name Randy Quigley Street Address 952 Mooresfield Ro City Wakefield Manager Name Street Address	pad State RI State	Zip 02879	Manager Name Street Address City Manager Name Street Address	State		

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194,

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 Per

Date

Randy Quigley

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012