



**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. <b>535195</b>		2. Exact name of the limited liability company <b>Doyon Logistic Services, LLC</b>			
3. State of Formation <b>AK</b>		4. Brief description of the character of business conducted in Rhode Island <b>General Contracting</b>			
5. Principal office address <b>33810 Weyerhaeuser Way S, Suite 100</b>		City <b>Federal Way</b>	State <b>WA</b>	Zip <b>98001</b>	
<b>ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON:</b>					
Contact Name <b>Shawn Barrows</b>		Contact Title <b>Vice President</b>			
Street Address <b>33810 Weyerhaeuser Way S, Suite 100</b>		City <b>Federal Way</b>	State <b>WA</b>	Zip <b>98001</b>	
<b>LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (SEE ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <b>Kevin Slattery</b>		Manager Name <b>Shawn Barrows</b>			
Street Address <b>33810 Weyerhaeuser Way S, Suite 100</b>		Street Address <b>33810 Weyerhaeuser Way S, Suite 100</b>			
City <b>Federal Way</b>	State <b>WA</b>	Zip <b>98001</b>	City <b>Federal Way</b>	State <b>WA</b>	Zip <b>98001</b>
Manager Name <b>Allen Todd</b>		Manager Name			
Street Address <b>One Doyon Place, Suite 300</b>		Street Address			
City <b>Fairbanks</b>	State <b>AK</b>	Zip <b>99701</b>	City	State	Zip
<b>6. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 18 2012

By J. S. Barrows

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.

08/29/2012

Signature of Authorized Person

Date

**Shawn Barrows**

Print or Type Name of Authorized Person