

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. 276321		2. Exact name of the limited liability company FILKINS CONSTRUCTION, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION CONTRACTOR					
5. Principal office address PO BOX 999	<u> </u>		City BLOCK ISLAND	State RI	Zip 02807		
6. MAILING ADDRESS OF L	IMITED LIABILE	Y COMPANY AND	NAME OF THE OF CONTACT PER	SON:			
Contact Name WALTER L. FILKINS I	ame		Contact Title				
treet Address PO BOX 999			City BLOCK ISLAND	State RI	Zip 02807		
7. LIST <u>ALL</u> MANAGERS (N "X" BOX FOR ATTACHM	AMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
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		
8. RESIDENT AGENT IN RH	X10-4/17-0-10-10-10-10-10-10-10-10-10-10-10-10-1	l l					
This information is currently	y of record in the	e Office of the Secr	retary of State. Changes require filin	g Form 642.			
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File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedulers.	ules and statements,
Check No	SEP 2 5 2012	and that all statements contained herein are true Out File Signature of Authorized Person	e and correct. S) 15/12_ Date
FOR SECRETARY OF STATE USE ONLY	100//	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012