



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. 110746		2. Exact name of the limited liability company ROBINSON CRANE LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island OWN & OPERATE A CRANE COMPANY			
5. Principal office address P.O. BOX 481		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS M. ROBINSON			Contact Title OPERATING MANAGER		
Street Address P.O. BOX 481		City LINCOLN	State RI	Zip 02865	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name THOMAS M. ROBINSON			Manager Name		
Street Address P.O. BOX 481			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					

FILED

SEP 28 2012

BY 179924
DS

2012 SEP 20 AM 10:20

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Thomas M. Robinson 9/18/12
 Signature of Authorized Person Date

THOMAS M. ROBINSON
 Print or Type Name of Authorized Person