

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 com	pany									
90834		-		STRUCTION LLC								
3. State of Formation	4. Brief description	n of the character of bu	usiness conducted in Rhode Island									
Rhope Island	REAL	Esta	tE CONSTRU	CTION								
	RIVE		W. KINGSTON	State アエ	D2892							
6 MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME (A TITLE OF CONTACT PERSON									
Contact Name Chara E	Moor	UE	Contact Title REGISTERED	A4 E	WT.							
Street Address 29 JOB DR11	LE		W. KINGSTON	State	Zip 02892							
7, LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT	S AND ADDRES	SES) OF THE LIMITE	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST NEWBERS							
Manager Name		**************************************	Manager Name									
Street Address			Street Address		201							
City	State	Zip	City	State	Zip.							
Manager Name		<u> </u>	Manager Name	1	U							
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8. RESIDENT AGENT IN RHODE	ISLAND	1										
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Form No. 632 Revised: 01/2012 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

RICHARD E. MOONE

Print or Type Name of Authorized Person