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. **154034**	2. Exact name of the limited liability company **BAYSTAR CONCRETE SERVICE, LLC**		
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **General concrete construction and any other lawful purpose**		

5. Principal office address **1015 Seven Mile Road**	City **Scituate**	State **RI**	Zip **02831**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name **Christine A. Giorgi**	Contact Title		
Street Address **1015 Seven Mile Road**	City **Scituate**	State **RI**	Zip **02831**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name **Christine A. Giorgi**			Manager Name		
Street Address **1015 Seven Mile Road**			Street Address		
City **Scituate**	State **RI**	Zip **02831**	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

NOV 27 2012

By _mmc_

CR # 1210

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Christine A. Giorgi   11/05/12

Signature of Authorized Person   Date

Christine A. Giorgi

Print or Type Name of Authorized Person