

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 nar	2. Exact name of the limited liability company				
134711	BR	OOKSIDE	Construction LL	<u> </u>		
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI		Constantion				
5 Principal office address			City	State	Zip	
49 Eilien Aue				R	2 02920	
	LIMITED LIABILE	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Joseph Melillo			Contact Title	Contact Title OCNEN / peratic City CRANGTON State RJ 02920		
Joseph Melillo Street Address 49 Eilien Ave			City CRONSTON	State RJ	Zip 02820	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	lZip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	and the second s	Held Miller of the control of the co		AND COME STATE		
This information is curren	tly of record in the	Office of the Sec	retary of State. Changes require filin	g Form 642,		
					23	

FILED NOV 2 8 2012 By a 184200

File Date Check No 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.

11-28-12 Signature of Authorized Person useph

Print or Type Name of Authorized Person