



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

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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. 517042		2. Exact name of the limited liability company LGA Dynadec, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Investments			
5. Principal office address 932 Paseo La Cresta		City Palos Verdes Estates		State CA	Zip 90274
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Chuck Huebner		Contact Title Chairman, Board of Managers			
Street Address 932 Paseo La Cresta		City Palos Verdes Estates		State CA	Zip 90274
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Chuck Huebner		Manager Name Robert Savare			
Street Address 932 Paseo La Cresta		Street Address 16 Reliance Drive			
City Palos Verdes Estates	State CA	Zip 90274	City Bristol	State RI	Zip 02809
Manager Name Donald Peck		Manager Name			
Street Address 58 North Street		Street Address			
City Lexington	State MA	Zip 02420	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 30 2012

By *MNC*

CH #0999

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.

Chuck Huebner
Signature of Authorized Person

11/27/12
Date

Chuck Huebner, Manager
Print or Type Name of Authorized Person