



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.<br><b>517042</b>                                                                                                                                  |                    | 2. Exact name of the limited liability company<br><b>LGA Dynadec, LLC</b>                         |                        |                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Investments</b> |                        |                     |                     |
| 5. Principal office address<br><b>932 Paseo La Cresta</b>                                                                                                          |                    | City<br><b>Palos Verdes Estates</b>                                                               | State<br><b>CA</b>     | Zip<br><b>90274</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |                    |                                                                                                   |                        |                     |                     |
| Contact Name<br><b>Chuck Huebner</b>                                                                                                                               |                    | Contact Title<br><b>Chairman, Board of Managers</b>                                               |                        |                     |                     |
| Street Address<br><b>932 Paseo La Cresta</b>                                                                                                                       |                    | City<br><b>Palos Verdes Estates</b>                                                               | State<br><b>CA</b>     | Zip<br><b>90274</b> |                     |
| 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<br><b>Chuck Huebner</b>                                                                                                                               |                    | Manager Name<br><b>Robert Savare</b>                                                              |                        |                     |                     |
| Street Address<br><b>932 Paseo La Cresta</b>                                                                                                                       |                    | Street Address<br><b>16 Reliance Drive</b>                                                        |                        |                     |                     |
| City<br><b>Palos Verdes Estates</b>                                                                                                                                | State<br><b>CA</b> | Zip<br><b>90274</b>                                                                               | City<br><b>Bristol</b> | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| Manager Name<br><b>Donald Peck</b>                                                                                                                                 |                    | Manager Name                                                                                      |                        |                     |                     |
| Street Address<br><b>58 North Street</b>                                                                                                                           |                    | Street Address                                                                                    |                        |                     |                     |
| City<br><b>Lexington</b>                                                                                                                                           | State<br><b>MA</b> | Zip<br><b>02420</b>                                                                               | 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.                                                  |                    |                                                                                                   |                        |                     |                     |

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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