



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 2013

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. <u>000738777</u>		2. Exact name of the limited liability company <u>True Quality Construction LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Concrete, Demo, Asphalt.</u>			
5. Principal office address <u>57 Sumter St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Graig Bustillo</u>		Contact Title <u>President</u>			
Street Address <u>57 Sumter St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	
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 <u>Graig Bustillo</u>		Manager Name <u>David Bennett</u>			
Street Address <u>57 Sumter</u>		Street Address <u>75 Everett St</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>
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

JUL 08 2013

BY AK 201113

2013 JUL -8 PM 2:37
SECRETARY OF STATE
CORPORATIONS DIV

File Date: 7/8/13
Check No: 1
By: Graig Bustillo
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.

Graig Bustillo 7/8/13
Signature of Authorized Person Date
Graig Bustillo
Print or Type Name of Authorized Person