



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111900		2. Exact name of the limited liability company Atlantic Contracting & Specialities, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island INSULATION CONTRACTING AND REFRACTORY DISTRIBUTION-	
5. Principal office address 120 N. Lime St.		City LANCASTER	State PA
		Zip 17602	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name		Contact Title	
Street Address		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENT 1 (SEE BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-2 (b) (2) 7-16-52			
Manager Name D.F. ANDREW		Manager Name L.A. PICKELL	
Street Address 120 N. LIME ST.		Street Address 120 N. LIME ST.	
City LANCASTER	State PA	City LANCASTER	State PA
Zip 17602		Zip 17602	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-1-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 1 9 0 0 *

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.

Signature of Authorized Person: L.A. Pickell Date: 9-10-02
Print or Type Name of Authorized Person: L. A. PICKELL

File Date: 9-13-02
Check No.: 1313458
By: [Signature]
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