STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liabilty company*
78300	Aquidneck Gravel Co., LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	GENERAL CONTRACTING OPERATION INCLUDING THE STORAGE OF MATERIALS AND EQUIPMENT.

5. Principal office address	*City*	*State*	*Zip*
1700 WEST MAIN ROAD	MIDDLETOWN	RI	02842

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
JOHN A MARSHALL	Member

Street Address	*City*	*State*	*Zip*
1700 WEST MAIN RD	MIDDLETOWN	RI	02842

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
NONE	
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

8. RESIDENT AGENT IN RHODE ISLAND *-DO NOT ALTER-* **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	*Address*
ROBERT M. SILVA, ESQ.	1100 AQUIDNECK AVENUE
Address	*City* / *Zip*
SILVA LAW GROUP, LTD	MIDDLETOWN 02842

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

[redacted] 7 8 3 0 0

78300 DLLC 10/31/03 10:10:33 AM
File Date 12/8/03
Check No. 23081
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 11/10/03

John A. Marshall
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02