



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 124905		2. Exact name of the limited liability company Wescam CONSTRUCTION LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Acquisition, Development, Construction, Construction Management	
5. Principal office address 16 Peckham Ave		City No. Prov.	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William Scampoli		Contact Title Manager	
Street Address 16 Peckham Ave		City No. Prov.	State RI
		Zip 02908	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52:			
Manager Name William Scampoli		Manager Name	
Street Address 16 Peckham Ave		Street Address	
City No. Prov.	State RI	City	State
Zip 02908		Zip	
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. 7-16-11			
Agent Name William Scampoli		Address	
Address 16 Peckham Ave		City No. Prov.	State RI
		Zip 02908	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

FILED	
File Date	APR 13 2006
Check No.	
By:	By <u>AK 06759</u>
FOR SECRETARY OF STATE USE ONLY	

2006 APR 13 PM 12:56

Signature of Authorized Person

4.13.06

Date

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

1. ID No. <u>124905</u>		2. Exact name of the limited liability company <u>Wescom CONSTRUCTION LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Acquisition Development CONSTRUCTION CONSTRUCTION Management</u>	
5. Principal office address <u>16 Peckham Ave.</u>		City <u>No. Prov.</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>William Scampoli</u>		Contact Title <u>William Scampoli/Manager</u>	
Street Address <u>16 Peckham Ave</u>		City <u>No. Prov.</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>William Scampoli</u>		Manager Name	
Street Address <u>16 Peckham Ave</u>		Street Address	
City <u>No. Prov.</u>	State <u>RI</u>	City	State
	Zip <u>02908</u>		Zip
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. 7-16-11			
Agent Name <u>William Scampoli</u>		Address	
Address <u>16 Peckham Ave</u>		City <u>No. Prov.</u>	State <u>RI</u>
		Zip <u>02908</u>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

FILED	
File Date	<u>APR 13 2006</u>
Check No.	<u>90023156</u>
By	<u>William Scampoli</u>
FOR SECRETARY OF STATE USE ONLY	

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE

Signature of Authorized Person

Date

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

1. ID No. <u>124905</u>		2. Exact name of the limited liability company <u>Wescom CONSTRUCTION LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate Acquisition, Development, Construction, CONSTRUCTION MANAGEMENT</u>			
5. Principal office address <u>16 Peckham Ave</u>		City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02908</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>William Scampoli</u>			Contact Title <u>Manager</u>		
Street Address <u>16 Peckham Ave</u>		City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02908</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <u>William Scampoli</u>			Manager Name		
Street Address <u>16 Peckham Ave</u>			Street Address		
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02908</u>	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 <u>William Scampoli</u>			Address		
Address <u>16 Peckham Ave.</u>		City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02908</u>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date	FILED
Check No.	<u>APR 13 2006</u>
By:	<u>AK 015769</u>
FOR SECRETARY OF STATE USE ONLY	

56:21 PM 13 APR 2006
Signature of Authorized Person [Signature] Date 4/13/06
SECRETARY OF STATE
CORPORATIONS DIV
William Scampoli
Print or Type Name of Authorized Person