



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 124416		2. Exact name of the limited liability company VStructural LLC			
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island POST-TENSIONING MATERIAL SUPPLY AND INSTALLATION			
5. Principal office address 7455 New Ridge Road, Suite T			City Hanover	State MD	Zip 21076-3143
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Betty Sass			Contact Title Administrative Assistant		
Street Address 7455 New Ridge Road, Suite T			City Hanover	State MD	Zip 21076-3143
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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			Manager Name		
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 NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

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



124416

File Date 9/15/05
 Check No. 38559
 By: [Signature]
 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.

[Signature] 9/17/05
 Signature of Authorized Person Date
Daniel C. Fungio
 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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124416		2. Exact name of the limited liability company VStructural LLC			
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island POST-TENSIONING MATERIAL SUPPLY AND INSTALLATION			
5. Principal office address 7455 New Ridge Road, Suite T			City Hanover	State MD	Zip 21076
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Betty Sass			Contact Title Administrative Assistant		
Street Address 7455 New Ridge Road, Suite T			City Hanover	State MD	Zip 21076
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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			Manager Name		
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 NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

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



* 1 2 4 4 1 6 *

File Date	<u>9/9/04</u>
Check No.	<u>31675</u>
By:	<u>DA</u>
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.

Signature of Authorized Person 9/3/04
Date
Daniel C. Fangio
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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 124416		2. Exact name of the limited liability company VStructural LLC	
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Post-tensioning material supply and installation	
5. Principal office address 7455 New Ridge Road, Suite T		City Hanover	State MD
		Zip 21076-3143	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Betty Sass		Contact Title Administrative Assistant	
Street Address 7455 New Ridge Road, Suite T		City Hanover	State MD
		Zip 21076-3143	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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



* 1 2 4 4 1 6 *

File Date 9-22-03
 Check No. 25121
 By: [Signature]
 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.

[Signature] 9-12-03
 Signature of Authorized Person Date
Daniel C. Fangio/Secretary/Treasurer
 Print or Type Name of Authorized Person