



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. 94617		2. Exact name of the limited liability company Ceco Concrete Construction LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island 100% Concrete Forming and Framing	
5. Principal office address 10100 NW Ambassador Drive		City Kansas City	State Missouri
		Zip 64153	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lori Robey Ernst		Contact Title Controller/Asst Secretary	
Street Address 10 10100 NW Ambassador Drive		City Kansas City	State Missouri
		Zip 64153	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	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 CT Corporation System		Address	
Address fg		City	Zip

05 OCT 28 PM 1:13
OFFICE OF SECRETARY OF STATE

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



FILED

File Date

OCT 28 2005

Check No.

By: MB18058

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.

Lori Robey Ernst 10/25/05
Signature of Authorized Person Date

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
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105 North Main Street, Providence, RI 02903-1335
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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)

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address	
Address fg		City	Zip

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



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FILED	
File Date	OCT 28 2005
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By	By M 81808
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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 10/28/05
Lori Robey Ernst Controller/Asst Sec
Print or type name of authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

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8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address	
Address fg		City	Zip

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Signature of Authorized Person Date 10/25/05

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

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Agent Name CT Corporation System		Address			
Address fg		City	State	Zip	

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CORPORATIONS DIV
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Signature of Authorized Person

Date

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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

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Signature of Authorized Person
Date
10/25/05
Lori Robey Ernst Controller/Asst Sec
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2000

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

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Manager Name :		Manager Name :	
Street Address :		Street Address :	
City :	State :	City :	State :
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Agent Name CT Corporation System		Address :	
Address fg		City :	Zip :

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CORPORATIONS DIV

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Lori Robey Ernst 10/25/05
Signature of Authorized Person Date

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person

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By	
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 1999

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Signature of Authorized Person Date 10/25/05

Lori Robey Ernst Controller/Asst Sec

Print or Type Name of Authorized Person

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CORPORATIONS DIVISION



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 1998

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By	BY M 8/10/08
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Signature of Authorized Person
Date 10/25/05
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