

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. 2. Exact name of the limited liabilty company 117725 M. QUIRK CONSTRUCTION LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO OPERATE A CONSTRUCTION/EXCAVATION COMPANY RHODE ISLAND 5. Principal office address State Cin Zip 84 PLEASANT VALLEY ROAD NORTH KINGSTOWN RI 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MARC QUIRK .MEMBER Street Address City State Zip 84 PLEASANT VALLEY ROAD . NORTH KINGSTOWN RI 02852 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 · Street Address Street Addres •City State Zip Manager Name Manager Name Street Address Street Address City State City Zip Zıp State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address David M. Spinella Address Zip 1000 Smith Street Providence 02908

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

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File Date	111	161	05		
Check No.		$\overline{}$	1325		
FOR SECRETAR	RY OF STA	TE USE	ONLY		

Under penalty of perjury, I declare and affin	m that I have examined
this report, including any accompanying sel-	
and that all statements contained herein are	true and correct.
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Mar Velish	10 20 00
/ W. Dur	<u> 10-20-09</u>
Algnature of Authorized Person	Date
Marc (Xuith	
Print or Type Name of Authorized Person	
	Form 632 Pay 6802



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

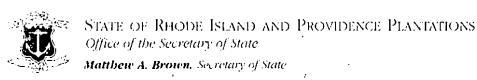
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I. ID No.	2. Exact	name of the limited liability company					
117725	_м. QL	JIRK CONSTRUC		C 13-1 2	ada laland		
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A CONSTRUCTION/ EXCAVATION COMPANY					
RHODE ISLAND		IO OPERATE A	ONSTRUCTION/ E	ACRANITON COMPANI			
5. Principal office address				City	State	Zip	
84 PLEASANT V				NORTH KINGSTOWN	RI	02852-	
6. MAILING ADD Contact Name MARC QUIRK	RESS O	F LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE OF Contact Title .Member	CONTACT P	ERSON:	
Sircet Address	_			City	State	Zip	
84 PLEASANT V	ALLEY	RD.		NORTH KINGSTOWN	RI	02852-	
7. NAME AND AD	DRESS	OF EACH MANA	GER OF THE LIM	HTED LIABILITY COMPAN	Y, IF APPLI	CABLE	
		FILL IN SPACES	BEFORE USING AT	TACHMENTS ("X" BOX FOR A	ITTACHMENT)	D	
	ANY M	ODIFICATIONS TO MA	ANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.G.	L 7-16-12 (a) (2	2) / 7-16-52	
Manager Name				· Manager Name			
MARC QUIRK		<u> </u>	<u>. — . </u>	•			
Street Address				· Street Address			
84 PLEASANT V	ALLEY		Të	•	State		
<i>City</i> NORTH KINGSTO	ww	State RI	Zip 02852	·City·	Siare	Zip	
Manager Name		J		Manager Name	.1		
Common Adddesses				•Street Address		.	
Sireei Address				• Succi Maaress			
City		State	Zip	City State		Zip	
				•			
	NT IN RI	HODE ISLAND -DO	NOT ALTER- Chan	ges require filing of Form	642 - R.I.G.L	7-16-11	
Agent Name		~~		Address			
DAVID M. SPINE	LLA, E	<u>5Q</u>		1000 SMITH STREET			
Address				1		Zip	
				PROVIDENCE		02908	

117725 DLLC 10/28/Q4 09:32:51 AM Check No. FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Form 632 Rev. 6/02

Under penalty of perjury, I declare and affirm that I have examined



Corporativus Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

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	ED OR PRINTED IN BLACK)						
1 ID No		et vanie of the linuted hability company					
117725		M. QUIRK CONSTRUCTION, L.L.C.					
3 State of Formation	4 Brief description	4 Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	TO OPERATE	CONSTRUCTION/	EXCAVATION COMPANY	VATION COMPANY			
5 Principal office add	ress		City	State	Zup		
	. Valley, Parkway RESS OF LIMITED LIABILI	TY COMPANY AND	North Kingstown Name OR TITLE OF CONTACT F	RI PERSON:	02852		
Contact Name Marc Quirk			Contact Title				
Street Address	· - · · ·		City	State	Zφ		
	Valley Roan		North Kingstown	RI	02852		
7. NAME AND AD			D LIABILITY COMPANY, IF APPLI		٦		
1			GATTACHMENTS ("X" BOX FOF RES FILING OF AMENDMENT, R.I				
	A A	in.inding hi.Qci	•	.G.E. /-10-12 (u) (2) / / -2.0-92		
Manager Name	larc Quirk		Manager Name				
Street Address Ple	easant laller	, Rd.	Street Address				
N. Kinast	DWA Sum RI.	1 20 OJ45	6 2	State	Z:p		
Maringer Name			Manager Name				
Street Address			Street Address				
Gity	State	Zip	Guy	State	Zψ		
8. RESIDENT AGI	 ENT IN RHODE ISLAND -) OO NOT ALTER - C	hanges require filing of Form 6	1 42 - R.J.G.L. 7-16-	11		
≥gent Name			Address				
DAVID M. SPINELL	A. ESO.						
				Τ			
Address 1000 SMITH STREET			PROVIDENCE	PROVIDENCE 02908-			

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

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By:	— TP——— FOR SECRETARY OF STATE USE O	ONLY

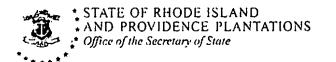
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Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Marc Quirk, Member
Print or Type Name of Authorized Person

Form 632 Rev. 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

FORM MUST BE TYPE	ED OR PRINTED IN BLAC	K)				
1. ID No. 117725	2. Exact name of the limited liability company M. QUIRK CONSTRUCTION, L.L.C.					
3. State of Formution	4. Brief description	on of the character of the busi	ness which is actually conducted in Ri	ode Island		
RHODE ISLAND	To operat	e a construction	n/excavation company			
5. Principal office addre	255		City	State	Zip	
84 Pleasant Valley Road			North Kingstown	RI	02852	
6. MAILING ADDI Contact Name Marc Quirk	RESS OF LIMITED L	IABILITY COMPANY	AND NAME OR TITLE OF Contact Title Member	CONTACT PERSON	V:	
Street Address		 _	City	State	Zip	
84 Pleasant	Valley Road		North Kingstown	RI	02852	
7. NAME AND ADD	FILL IN SPA	CES BEFORE USING AT	TED LIABILITY COMPANY, TACHMENTS ("X" BOX FOR S FILING OF AMENDMENT. R.I.G.	ATTACHMENT.	-52	
Manager Name			· Manager Name			
Marc Quirk			•			
Street Address 84 Pleasant	Valley Road		· Street Address			
City	State	Zip	*City	State	Zip	
North Kingsto	wn RI	02852		. J		
Manager Name	• • • • • • • • • • • •		*Manager Name			
Street Address			Street Address			
Cuy	State	Zip	City	State	Zip	
8. RESIDENT AGEN Agent Name DAVID M. SPINELLA,	~ + · - · - · - ·	-DO NOT ALTER- Chan	ges require filing of Form	642 - R.I.G.L. 7-16-11		
Address			Ciry	Zip	· · · · · · · · · · · · · · · · · · ·	
1000 SMITH STREET			PROVIDENCE 029		08-	
		PROVIDENCE	029	08-		

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



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

10-12-02

Marc Quirk, Member
Print or Type Name of Authorized Person

File Date 10.16.02

Check No. 393

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