



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. 117725		2. Exact name of the limited liability company M. QUIRK CONSTRUCTION LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A CONSTRUCTION/EXCAVATION COMPANY	
5. Principal office address 84 PLEASANT VALLEY ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARC QUIRK		Contact Title MEMBER	
Street Address 84 PLEASANT VALLEY ROAD		City NORTH KINGSTOWN	State RI
		Zip 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) <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 Marc Quirk		Manager Name	
Street Address 84 Pleasant Valley Rd.		Street Address	
City N. Kingstown	State R.I.	City	State
Zip 02852		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 David M. Spinella		Address	
Address 1000 Smith Street		City Providence	Zip 02908

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



1 1 7 7 2 5

File Date	11/16/05
Check No.	1325
By	MW
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.

Marc Quirk  
Signature of Authorized Person  
Date  
10-20-05  
Marc Quirk  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
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100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**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. 117725		2. Exact name of the limited liability company M. QUIRK CONSTRUCTION, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A CONSTRUCTION/ EXCAVATION COMPANY	
5. Principal office address 84 PLEASANT VALLEY ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARC QUIRK		Contact Title Member	
Street Address 84 PLEASANT VALLEY RD.		City NORTH KINGSTOWN	State RI
		Zip 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) <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 MARC QUIRK		Manager Name	
Street Address 84 PLEASANT VALLEY RD.		Street Address	
City NORTH KINGSTOWN	State RI	Zip 02852	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	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 DAVID M. SPINELLA, ESQ.		Address 1000 SMITH STREET	
Address		City PROVIDENCE	Zip 02908-

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



1 1 7 7 2 5

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.

Marc Quirk 11-1-04  
Signature of Authorized Person Date  
Marc Quirk  
Print or Type Name of Authorized Person

\*117725 DLLC 10/28/04 09:32:51 AM\*

File Date 11/3/04

Check No. 1014

By: ID

FOR SECRETARY OF STATE USE ONLY



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 3000

# 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 <b>117725</b>		2. Exact name of the limited liability company <b>M. QUIRK CONSTRUCTION, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO OPERATE A CONSTRUCTION/ EXCAVATION COMPANY</b>	
5. Principal office address <b>84 Pleasant Valley Parkway</b>		City <b>North Kingstown</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Marc Quirk</b>		Contact Title	Zip <b>02852</b>
Street Address <b>84 Pleasant Valley Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
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 <b>Marc Quirk</b>		Manager Name	Zip <b>02852</b>
Street Address <b>84 Pleasant Valley Rd.</b>		Street Address	
City <b>N. Kingstown</b>	State <b>R.I.</b>	City	Zip <b>02852</b>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 <b>DAVID M. SPINELLA, ESQ.</b>			
Address <b>1000 SMITH STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02908</b>

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



\* 1 1 7 7 2 5 \*

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.

Marc Quirk 10-11-03  
Signature of Authorized Person Date

Marc Quirk, Member  
Print or Type Name of Authorized Person

File Date	<u>11/19/03</u>
Check No	<u>679</u>
By	<u>Q</u>
FOR SECRETARY OF STATE USE ONLY	



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117725		2. Exact name of the limited liability company M. QUIRK CONSTRUCTION, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To operate a construction/excavation company	
5. Principal office address 84 Pleasant Valley Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Marc Quirk		Contact Title Member	
Street Address 84 Pleasant Valley Road		City North Kingstown	State RI
		Zip 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 <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 Marc Quirk		Manager Name	
Street Address 84 Pleasant Valley Road		Street Address	
City North Kingstown	State RI	Zip 02852	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 DAVID M. SPINELLA, ESQ.		Address	
Address 1000 SMITH STREET		City PROVIDENCE	Zip 02908- 1

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



\* 1 1 7 7 2 5 \*

File Date 10.16.02  
Check No. 393  
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] 10-12-02  
Signature of Authorized Person Date

Marc Quirk, Member  
Print or Type Name of Authorized Person