



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. 131929		2. Exact name of the limited liability company DMR Construction, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION GENERAL CONTRACTOR PROJECT MANAGER AND PROPERTY MANAGEMENT CO	
5. Principal office address 359 BROAD STREET		City PROVIDENCE	State RI
		Zip 02907-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID M RYAN		Contact Title Member	
Street Address 359 BROAD STREET		City PROVIDENCE	State RI
		Zip 02907-	
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
Manager Name	• Manager Name		
Street Address	• Street Address		
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WYATT A. BROCHU, ESQ.		Address 20 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886

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



1 3 1 9 2 9

131929 DLLC 10/13/06 12:08:58 PM

File Date

Check No.

By

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
Date 10-13-06

Kevin S. Ryan

Print or Type Name of Authorized Person



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131929		2. Exact name of the limited liability company DMR Construction, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION GENERAL CONTRACTOR, PROJECT MANAGER, AND PROPERTY MANAGEMENT COMPANY	
5. Principal office address 359 BROAD STRET		City PROVIDENCE	State RI
		Zip 02907-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID M. RYAN		Contact Title MEMBER	
Street Address 359 Broad Street		City Providence	State RI
		Zip 02907	
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			
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City	State	Zip	City
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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 WYATT A. BROCHU, ESQ.		Address 20 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886-

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



1 3 1 9 2 9

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

Print or Type Name of Authorized Person

131929 DLLC 07/12/05 02:21:16 PM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY