

02907-

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

1. ID No.

131929

3. State of Formation

RHODE ISLAND

5. Principal office address

359 BROAD STREET

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

DMR Construction, LLC

2. Exact name of the limited liabilty company

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

PROVIDENCE

Ciry

State

RI

6. MAILING ADD Contact Name DAVID M RYAN		IABILITY COMPA	ANY AND NAME OR TITLE C **Contact Title **Member	OF CONTACT P	ERSON:		
Street Address			City	State		Zip	
359 BROAD STREET				PROVIDENCE RI 02907			
7. NAME AND AI Manager Name	FILL IN SPA	CES BEFORE USIN	LIMITED LIABILITY COMP G ATTACHMENTS ("X" BOX FO UIRES FILING OF AMENDMENT. R. • Manager Name	OR ATTACHMENT)	ш		
Tanuger Hame			•				
Street Address			• Street Address				
City	State	Zip	*City	State		Zip	
Manager Name .	J	Manager Name			1		
Street Address			• Street Address				
City	State	Zip	City	State		Zip	
8. RESIDENT AGI Igent Name WYATT A. BRO) -DO NOT ALTER- C	hanges require filing of Fo		7-16-11		
Address			City				
			WARWICK	WARWICK 0288		<u>.</u>	
This report must	be executed by an auth	orized person pur	suant to R.I.G.L. 7-16-66 (b).				
*131929 DLLC	10/13/06/12/08 ED FA	_	Under penalty of pe this report, including and that all statemen	g any accompanyir nts contained herei	ng schedule n arc true a	s and statements, and correct.	
Check No	Dy_10/11/1-3	297	Kevin S. Ry Print or Type Name of	yan	Date	·	
FOR SECRETARY	OF STATE USE ONLY		, , , , , , , , , , , , , , , , , , ,			Form 632 Rev. 12	



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

Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642 R.I.G.L.7-16-11	FORM MUST BE T			-						
RHODE ISLAND CONSTRUCTION GENERAL CONTRACTOR, PROJECT NANAGER, AND PROPERTY MANAGEMENT COMPANY 5. Principal office address 359 BROAD STRET COMMAND STRET COMMAND STREET C										
5. Principal office address 3.59 BROAD STRET PROVIDENCE RI 02907- 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR STILLE OF CONTACT PERSON: Contact Title DAVID M. RYAN MEMBER Street Address City State RI 02907 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AREHOMENT, RICLITIE 12 (a) (2) / 7,16-32 Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address City State Zip State Zip State Zip State Zip City State Zip State Zip City State Zip City State Zip Street Address City State Zip City State Zip City State Zip Agent Name Address Address OCENTERVILLE ROAD Address OCENTERVILLE ROAD Address	3. State of Formation									
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359 Broad Street . Providence RI 02907 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 1 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.T.16-12 (a) (2) 1.7.16-52 Manager Name . Manager Name . Manager Name . Manager Name . Street Address . Street Require filling of Form 642 RIGHT-16-11 Agent Name . Address . Address . 20 CENTERVILLE ROAD . Address . Street Require filling of Form 642 RIGHT-16-11 Addres	Street Address					State	Zio			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.T.16-12 (a) (2) / 7-16-52 Manager Name **Manager Name **Street Address** *		treet			• ′		· · ·			
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filling of Form 642: RIGL 7-16-11 Agent Name WYATT A. BROCHU, ESQ. Address City Zip Zip Zip Zip		ADDRESS	OF EACH ME FILL INSI	ANAGER OF THE ACES BEFORE USING TO MANAGERS REQU	G ATTACHMENTS A CALBO JIRES FILING OF AMENDMEN)MPANY, IF APPL OX FOR ATTACHMENT T. R.LG.L.7-18-12 (a) (ICABLE'			
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Manager Name Street Address Street Address City State Zip City State Zip City State Zip State Zip Address WYATT A. BROCHU, ESQ. Address City City Zip Zip Zip Zip Zip Zip Zip	Street Address			• Street Address	Street Address					
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8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642 R LGL 7-16-11 Agent Name Address WYATT A. BROCHU, ESQ. Address City City State Zip City Zip	Manager Name	J	• • • • • •		Manager Name					
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address WYATT A. BROCHU, ESQ. Address City Zip	Street Address				•Street Address					
Agent Name Address WYATT A. BROCHU, ESQ. Address City Zip	City		State	Zip	City	State	Zip			
Address City Zip		GENT IN RH	ODE ISLAN	D. DO NOT ALTER! CI		f Form 642 R.L.C.	17-16-11			
	WYATT A. BR	OCHU, ES	Q.		20 CENTERVIL	20 CENTERVILLE ROAD				
WARWICK 02886-	Address				City		Zip			
•					WARWICK		02886-			

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

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131929 DLLC 97/12/05/02:21:16 PM				
File Date 7	14/05			
Check No.	1905			
By:	DA			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare this report, including any accompa	
and that all statements contained h	
	7.12.05
Signature of Authorited Person	Date
Print or Type Name of Authorized Per	J-10
Print or Type Name of Authorized Per	form 632 Rev. 6/02