



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. 124530		2. Exact name of the limited liability company Pro-Line Contracting Co. LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION CONTRACTING.			
5. Principal office address 127 Lincoln Avenue			City Warwick	State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Annmarie Alexander			Contact Title Bookkeeper		
Street Address 127 Lincoln Avenue			City Warwick	State RI	Zip 02888
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
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 KEITH ALEXANDER			Address		
Address 127 LINCOLN AVENUE			City WARWICK	Zip 02888	

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



File Date	<u>9/26/05</u> - 124530*
Check No.	<u>1717</u>
By:	<u>Cyr</u>
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.

Annmarie Alexander 9/22/05
Signature of Authorized Person Date

Annmarie Alexander
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1 ID No 124530		2 Exact name of the limited liability company Pro-Line Contracting Co. LLC	
3 State of formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION CONTRACTING.	
5 Principal office address 127 Lincoln Avenue		City Warwick	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Annamarie Alexander		Contact Title owner / bookkeeper	
Street Address 127 Lincoln Avenue		City Warwick	State RI
		Zip 02888	
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 (U.A.)		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 KEITH ALEXANDER		Address	
Address 127 LINCOLN AVENUE		City WARWICK	Zip 02888-

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



* 1 2 4 5 3 0 *

File Date	10/6/04
Check No	1605
By	W.
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.

Annamarie Alexander 9-13-04
Signature of Authorized Person Date

Annamarie Alexander
Print or Type Name of Authorized Person



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. 124530		2. Exact name of the limited liability company Pro-Line Contracting Co. LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Construction Contracting			
5. Principal office address 127 Lincoln Avenue		City Warwick	State R.I.	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Keith Alexander			Contact Title OWNER		
Street Address 127 Lincoln Avenue		City Warwick	State RI	Zip 02888	
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 Annamarie Alexander			Manager Name		
Street Address 127 Lincoln Avenue			Street Address		
City Warwick	State RI	Zip 02888	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 KEITH ALEXANDER			Address		
Address 127 LINCOLN AVENUE			City WARWICK	Zip 02888	

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



* 1 2 4 5 3 0 *

File Date 10/16/03
Check No. 1414
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] 10-14-03
Signature of Authorized Person Date
Keith Alexander
Print or Type Name of Authorized Person