



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. 111731		2. Exact name of the limited liability company J. ROBBINS CONSTRUCTION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONSTRUCTION			
5. Principal office address 64 Carpenter Drive			City South Kingstown	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey D. Robbins			Contact Title .		
Street Address 64 Carpenter Drive			City South Kingstown	State RI	Zip 02879
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 (b) (2) / 7-16-52					
Manager Name Jeffrey D. Robbins			. Manager Name .		
Street Address 64 Carpenter Drive			. Street Address .		
City South Kingstown	State RI	Zip 02879	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 Peter L. Lewiss			Address .		
Address 79 Franklin Street			City Westerly	Zip 02891	

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



1 1 1 7 3 1

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.

File Date 12/1/05
Check No. 1344 C83569
By: KMC
FOR SECRETARY OF STATE USE ONLY

[Signature] 11-30-05
Signature of Authorized Person Date
JEFF ROBBINS
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONSTRUCTION			
5. Principal office address 64 Carpenter Drive		City South Kingstown	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey D. robbins			Contact Title		
Street Address 64 Carpenter Drive		City South Kingstown	State RI	Zip 02879	
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 Jeffrey D. Robbins			Manager Name		
Street Address 64 Carpenter Drive		Street Address			
City South Kingstown	State RI	Zip 02879	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 PETER L. LEWISS			Address		
Address 79 FRANKLIN STREET		City WESTERLY	Zip 02891-		

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



* 1 1 1 7 3 1 *

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.

File Date 11/18/04
Check No. 1812
By: J.D.
FOR SECRETARY OF STATE USE ONLY

Jeff Robbins 9.16.04
Signature of Authorized Person Date
JEFF ROBBINS
Print or Type Name of Authorized Person



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

Mathew 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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111731		2. Exact name of the limited liability company J. ROBBINS CONSTRUCTION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONSTRUCTION	
5. Principal office address 64 CARPENTER DRIVE		City SOUTH KINGSTOWN	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY D ROBBINS		Contact Title Manager	
Street Address 64 CARPENTER DRIVE		City SOUTH KINGSTOWN	State RI
		Zip 02879-	
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 JEFFREY D. ROBBINS		Manager Name .	
Street Address 64 CARPENTER DRIVE		Street Address .	
City SOUTH KINGSTOWN	State RI	Zip 02879	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 PETER L. LEWISS		Address	
Address 79 FRANKLIN STREET		City WESTERLY	Zip 02891-

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



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111731 DLLC 09/12/03 12:25:09 PM

File Date 11/24/03

Check No. 1633

By: JR

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.

Jeff Robbins 11.7.03
Signature of Authorized Person Date

JEFF ROBBINS
Print or Type Name of Authorized Person



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. *111731*		2. Exact name of the limited liability company J. ROBBINS CONSTRUCTION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONSTRUCTION			
5. Principal office address 64 CARPENTER DRIVE		City SOUTH KINGSTOWN	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEFFREY D ROBBINS			Contact Title Manager		
Street Address 64 CARPENTER DRIVE		City SOUTH KINGSTOWN	State RI	Zip 02879	
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 JEFFREY D. ROBBINS		Manager Name			
Street Address 64 CARPENTER DRIVE		Street Address			
City SOUTH KINGSTOWN	State RI	Zip 02879	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 PETER L. LEWISS		Address 79 FRANKLIN STREET			
Address		City WESTERLY	Zip 02891-		

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



* 1 1 1 7 3 1 *

111731 DLLC9/19/024:04:22 PM
File Date <u>10-2-02</u>
Check No. <u>1243</u>
By: <u>[Signature]</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.

[Signature] 9-27-02
Signature of Authorized Person Date

Jeffrey D. Robbins
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number DLLC 111731

Annual Report for the year 2001

1. The name of the limited liability company is:

J. ROBBINS CONSTRUCTION, LLC

2. The address of the principal office of the limited liability company is:

70 UPPER HIGHLAND ROAD, CHARLESTOWN, RHODE ISLAND 02813

3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND

4. The name and address of its resident agent is: PETER L. LEWISS

79 FRANKLIN STREET, WESTERLY, RHODE ISLAND 02891

5. The current mailing address of the limited liability company and the name or title of a person to whom

communications may be directed are: JEFFREY D. ROBBINS, OPERATING MANAGER

70 UPPER HIGHLAND ROAD, CHARLESTOWN, RHODE ISLAND 02813

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: GENERAL CONSTRUCTION

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

JEFFREY D. ROBBINS

70 UPPER HIGHLAND ROAD, CHARLESTOWN, RHODE ISLAND 02813

Dated October, 20 01

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.

J. ROBBINS CONSTRUCTION, LLC

Exact Name of Limited Liability Company

By

OPERATING MANAGER

Title

11-9-01
C.R.# 1095
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