

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) 2. Exact name of the limited liability company J. ROBBINS CONSTRUCTION, LLC 111731 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONSTRUCTION RHODE ISLAND State 5. Principal office address City RI 02879 South Kingstown 64 Carpenter Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.

Contact Name

Contact Title Jeffrey D. Robbins Sireei Address State RI 02879 64 Carpenter Drive .South Kingstown 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L:7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Jeffrey D. Robbins Street Address · Street Address 64 Carpenter Drive State City State Zip RI 02879 South Kingstown Manager Name Manager Name Street Address Street Address State 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 Address Peter L. Lewiss Address Cin 79 Franklin Street Westerly 02891

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



File Date 121105

Check No. 1344 C83569

By: VMU

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

11-30-05

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

1. ID No. 2. Exact name of the limited liability company 111731 J. ROBBINS CONSTRUCTION, LLC 3. State of Formation 4. Brief description of the character of the Instiness which is actually conducted in Rhode Island GENERAL CONSTRUCTION GENERAL CONSTRUCTION 5. Principal office address City State 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	7-16-52			
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5. Principal office address 64. Carpenter Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Jeffrey D. robbins Sirvet Address 64. Carpenter Drive 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	02879			
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Jeffrey D. robbins Sircel Address 64 Carpenter Drive 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	02879			
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64 Carpenter Drive South Kingstown RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	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)				
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \Box	-16-52			
Manager Name Jeffrey D. Robbins				
Sirver Address 64 Carpenter Drive Street Address	Street Address			
South Kingstown State RI Zip 02879 City State	Ztρ			
Manager Name Manager Name	Manager Name			
Street Address Street Address	Street Address			
City State Z.Lp 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 Address				
PETER L. LEWISS				
Address City Zip				
79 FRANKLIN STREET WESTERLY 02891-	•			

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



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

JEFF RUBINS

Print or Type Name of Authorized Person

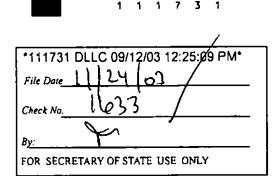


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company J. ROBBINS CONSTRUCTION, LLC 111731 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation GENERAL CONSTRUCTION RHODE ISLAND State 5. Principal office address City SOUTH KINGSTOWN RI 02879-64 CARPENTER DRIVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Manager JEFFREY D ROBBINS State Street Address City RI 64 CARPENTER DRIVE SOUTH KINGSTOWN 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name JEFFREY D. ROBBINS · Street Address Street Address 64 CARPENTER DRIVE ·City State State Zip 02879 RI SOUTH KINGSTOWN Manager Name Manager Name ·Street Address Street Address State State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 igent Name Address PETER L. LEWISS Ciry Zip Address WESTERLY 02891-79 FRANKLIN STREET

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



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

JEF ROBBINS

rint or Type Name of Authorized Person



MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September	1 - November 1	Filing Fee: \$50.00)					
(FORM MUST BE TYPED OR								
		name of the limited liabilty company BBINS CONSTRUCTION, LLC						
3. State of Formation	4. Brief description	of the character of the bus	iness which is actually conducted in Ri	node Island				
RHODE ISLAND	GENERAL CON	STRUCTION						
5. Principal office address	<u> </u>		City	State	Zip			
64 CARPENTER DRIVE			SOUTH KINGSTOWN	RI	02879			
6. MAILING ADDRESS	OF LIMITED LI.	ABILITY COMPANY	AND NAME OR TITLE OF	CONTACT P	ERSON:			
Contact Name			Contact Title					
JEFFREY D ROBBINS			.Manager					
Street Address			City	State	Zip			
64 CARPENTER DRIVE			.SOUTH KINGSTOWN	RI	02879			
	FILL IN SPAC	ES BEFORE USING AT	AITED LIABILITY COMPAN PTACHMENTS ("X" BOX FOR A S FILING OF AMENDMENT. R.I.G	TTACHMENT)				
Manager Name			•Manager Name					
JEFFREY D. ROBBINS	5		:					
Sireei Address			• Street Address					
64 CARPENTER DRIVE	E		•					
City	State	Zip	*City	State	Zip			
SOUTH KINGSTOWN	RI	02879						
Manager Name			*Manager Name					
Sireet Address			•Sireet Address					
			•					
City	State	Zip	City	State	Ζip			
8. RESIDENT AGENT IN	RHODE ISLAND -	DO NOT ALTER- Chan	iges require filing of Form	642 - R.I.G.I	_ 7-16-11			
Agent Name			Address					
PETER L. LEWISS			79 FRANKLIN STREET					
Address			City		2ip			
			WESTERLY		02891-			

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



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File Date	10-2-02
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FOR SECRETA	RY 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.

9.27.02 Signature of Authorized Person Date

Jeffrey D. Robbins
Print or Type Name of Authorized Person

Filing Fee: \$50.00



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

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

LIMITED LIABILITY COMPANY

ID N	lumber <u>DLLC 111731</u>		Annual Report for the year _	2001				
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.	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	: <u>JEFFREY D. ROBBINS, OF</u>	PERATING MANAGER					
	70 UPPER HIGHLAND ROAD, CHARLESTOWN, RHODE ISLAND 02813							
6.	A brief statement of the character	of the business in which the lin	nited liability company is actually o	engaged in this				
	state: GENERAL CONSTRUCT							
7.	 If the limited liability company has managers, the name and address of each manager of the limited liab company 							
	Name		Address					
	JEFFREY D. ROBBINS	70 UPPER HIGHLAND RO	AD, CHARLESTOWN, RHODE ISL	AND 02813				
Dat	ed October ,20 01	report, including any accom	leclare and affirm that I have exami panying schedules and statements of herein are true and correct.					
	11-9-01		BBINS CONSTRUCTION, LLC					
	CK#1095	Exact	lame of Limited Liability Company					
	W # 1095	By						
	2 Cu		OPERATING MANAGER					
			Title					

Form No. LLC-19 Revised 8/97