



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. 139840		2. Exact name of the limited liability company Gosselin 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 roofing contractor, including so-called "cornice work".	
5. Principal office address 71 Progress Street		City Lincoln	State R.I.
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Roberta E. Gosselin		Contact Title Member	
Street Address 71 Progress Street		City Lincoln	State R.I.
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 ROBERTA E. GOSSELIN		Manager Name	
Street Address 71 Progress St.		Street Address	
City Lincoln	State RI	Zip 02865	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 ROBERT E. DAVIGNON, ESQ.		Address	
Address 420 ANGELL STREET		City PROVIDENCE	Zip 02906-

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



139840

File Date	<u>11/28/05</u>
Check No.	<u>173</u>
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.

Roberta E Gosselin 10/11/05
Signature of Authorized Person Date

ROBERTA E. GOSSELIN, Member
Print or Type Name of Authorized Person