

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

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1. ID No. 100248	2. Exact name of the lift Concrete Quick, L					
3. State of Formation	_1		business which is actually con	ducted in Rhode Island		
RHODE ISLAND		XING, OPERATING C	·			
5. Principal office add 1015 NORTH RI			City GROTON	State CT	Zip 06340-	
6. MAILING ADD Contact Name MICHAEL E HAI		LIABILITY COMPA	NY AND NAME OR TI' Contact Title Member	TLE OF CONTACT I	PERSON:	
Street Address 1015 NORTH RD).		City GROTON	State CT	Zip 06340-	
7. NAME AND AU	· FILL IN S	PACES BEFORE USING	IMITED LIABILITY (ATTACHMENTS ("X") RES FILING OF AMENDME	BOX FOR ATTACHMENT,		
Manager Name			• Manager Name			
Michael E. Ha	auer		•			
Street Address			*Street Address			
1015 North Ro	oad		•			
Cing Groton	State CT	Zip 06340	·City	State	Zip	
Manager Name			Manager Name			
Street Address		<u>_</u>	Street Address	<u> </u>		
Ciry	State	Zip	City	State	Zip	
8. RESIDENT AGE	NT IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing	of Form 642 - R.I.G.I	7-16-11	
ANTHONY J. NARDONE, ESQ.			149 HIGH ST	149 HIGH STREET		
Address			City		Zip	
<u>.</u> .			WESTERLY		02891	

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



100248 DLLC 09/13/05 10:32:54 AM*
File Date 4/18/05
Theek No. 002124
Cr Cr
OR 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.

Michael E. Hauer

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. 1/2 No. 100248		ted liability company			
3. State of Formation	Concrete Quick, L.I	<u> </u>			
	1	ion of the character of the husiness	which is actually conducted in RI	bode Island	
RHODE ISLAI	MD WORITE W	IXING, OPERATING COMPA	INY		
5. Principal office at			City	State	Zip
1015	NORTU ZOAD		GROTOM	CT	06340
. MAILING AD	DRESS OF LIMITED LIAB	ILITY COMPANY AND NA	ME OR TITLE OF CONTAC	T PERSON-	1 , - 0,0
Contact Name			Contact Title		
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Street Address			Gily CONTRACT	State	Zip
1015 NORTH ROAD			GROTOM	CT	06340
NAME AND A	ADDRESS OF EACH MANA	GER OF THE LIMITED LL	ABILITY COMPANY, 1F AP	PRICARIE	12090
	FILL IN SI	PACES BEFORE USING AT	[ACHMENTS ("X" BOX)	FOR ATTACHMENTS [1
	ANY MODIFICATIONS T	O MANAGERS REQUIRES	FILING OF AMENDMENT,	R.I.G.L. 7-16-12 (a) (2	?) / 7-16-52
anager Name			Manager Name		
MICHA	EL HAUER				
reet Address	EL HAVER		Sircer Address		
reet Address)	Street Address		
reet Address) Zip	Street Address City	State	7/0
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reet Aldress 10/5 tty Coll 070M anager Name) 26p 06340	City	State	Zip
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ty Coll OTOM anager Name rect Address ty RESIDENT AG	State State State State State RDONE, ESQ.	24p	City Manager Name Street Address City es require filing of Form	State	Zip

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

* 1 0 0 2 4 8 *

File Date _	9	22/04	
Check No	<u> </u>	911	
Ву::		OA	
FC	OR 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.

///

9-18.04

Signature of Authorized Person

Print or Type Name of Authorized Person



Office of the secretary of state

Matthew A. Brown, Secretary of State

Providence, RI 02903-1335 401 222,3946

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

	Concrete Outck	2 Exact name of the limited liability company Concrete Quick, L.L.C.				
0248	Concrete Guran	at the character of the busin	iess which is actually conducted in Rhyde	· Island		
ate of Formation						
ODE ISLAND	MOBILE MIXI	NG, OPERATING COMP		State	Zφ	
rincipal office addre	C88		CILY	15	Zip 06340	
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AILING ADDI	RESS OF LIMITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONTACT	FERSON.		
			· CERTIFICA A MAR			
MICHAEL	BOWARD HA)ER	MEIMBER-LL	State	Ζφ	
i Address	FOWARD HA		City CILLITON	CT-	Ø634C	
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CMC AND AD		GER OF THE LIMITED	LIABILITY COMPANY, IF APPI	LICABLE		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 0 0 2 4 8 *	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 bereith are true and correct.
File Date _ 10/6/03	10/3/03
Check No 172 L	Signature of Authorized Person Date
By:	Print or Type Name of Authorized Person
FOR SECRETARY OF STATE USE ONLY	Form 632 Rev. 7/03



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

Concrete Quick, L.L.C. 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island MOBILE MIXING, OPERATING COMPANY 5. Principal office address 1015 NWRTH RDAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL HADCR 5. City CROTON Contact Title City CROTON State City Croton State City Croton State City Croton State City Croton State City City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City State Zip City Name Address ANTHONY J. NARDONE, ESQ. ddress City City Zip ANTHONY J. NARDONE, ESQ.	(FORM MUST BE TY	PED OR PI	RINTED IN BLACK)				
1. State of Formation RHODE ISLAND ADBILE MIXING, OPERATING COMPANY S. Principal office address /// NATH ROAD Contact Name MILLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MILLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1 7-16-52 AMANGER ADDRESS MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1 7-16-52 AMANAGER Name MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1 7-16-52 AMANAGER Name MILLING ADDRESS MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS AMANAGER Name MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE MANAGER Name MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MANAGER NAME MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE MILLING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPAN	1. ID No. 100248			abilty company			
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5. Principal office address 1015 NORTH ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title MICHAEL HAUER Street Address 1015 NORTH ROAD ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name MICHAEL HAUER Street Address 1015 NORTH ROAD ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name MICHAEL HAUER Street Address Address Address Address Address Address Address ANTHONY J. NARDONE, ESQ. MICHAEL MARDONE, ESQ. MICHAEL MARDONE	•		MOBILE MIXING,	OPERATING COMPAN	tess which is actually conducted Y	I in Rhode Island	
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHEL HAUCR City NORTH ROAD City NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF A PPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name MICHAEL HAUER Street Address 1015 NORTH ROAD Street Address 1015 NORTH ROAD Manager Name Street Address City State Zip Manager Name Manager Name Address ANTHONY J. NARDONE, ESQ. MICHAEL Address Zip City State Zip City State Zip City State Zip Address Zip Address Zip Address Zip Address Zip MENTED ADDRESS Zip			ρ		, ,		
Contact Title MICHEL HAVER MEMBER Street Address 1015 NACTH ROAD CITY CITY 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 Annager Name MICHAEL HAVER Street Address City State Zip Manager Name Street Address City State Zip ARESTDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11. Address ANTHONY J. NARDONE, ESQ. didress City Zip MEMBER Zip Zip Zip Zip Zip Zip Zip Zi							06393
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ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Any Modifications to Managers Requires Filing Of Amendment. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Anager Name MICHAEL HAVEL Street Address Street Address City CAPOTOA! State Zip City Manager Name Manager Name Street Address Street Address Street Address City State Zip RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11. Address ANTHONY J. NARDONE, ESQ. didress City Zip Zip Zip Zip Zip Zip Zip Zi	NAME AND AD	DRESS O	F EACH MANAG	ER OF THE LIMIT	ED LIABILITY COMPA		RIF
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RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11. Address ANTHONY J. NARDONE, ESQ. City Vignory Address City Vignory Vignory	Street Address				*Street Address		
B. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11. Address ANTHONY J. NARDONE, ESQ. Address City NECTORINA WESTERN ACTORINA Table Lip Zip NECTORINA Table Lip Zip NECTORINA Table Lip NECTORINA Table Lip Lip Lip Lip Lip Lip Lip Li	· · · · · · · · · · · · · · · · · · ·				•		
ANTHONY J. NARDONE, ESQ. ddress City 149 HIGH STREET	uty .		State	Zip	City	State	Zip
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ANTHONY J. NARDONE, ESQ. ddress City 149 HIGH STREET	gent Name	NIINKH	IODE ISLAND -DO	NOT ALTER- Chang	es require filing of Fo	orm 642 - R.I.G.L.:	7-16-11,
ddress City Zip 149 HIGH STREET	 ANTHONY I NAPOO	NE EGO			Address		
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his report must be signed in ink by an authorized person pursuant to 7-16-66.	_ 	* 1	0 0 2 4 8	*	Under penalty of per	iury. I declare and aff	Firm that I have examined
his report must be signed in ink by an authorized person pursuant to 7-16-66. * 1 0 0 2 4 8 * Under penalty of perjury, I declare and affirm that I have examined					Friend or bei	, , ,	Talliller - Have everillied

Form 632 Rev. 6/02

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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ID	Number DLLC 100248	Annual Report for the year 2001
1.	The name of the limited liability company	γis:
	Concrete Quick, L.L.C.	
2.	The address of the principal office of the	limited liability company is:
	1015 NORTH RUPD, GR	DTON, CF 06340
3.	The state or other jurisdiction under the i	aws of which it is formed is RHODE ISLAND
4.	The name and address of its resident ag	ent is: ANTHONY J. NARDONE, ESQ.
	149 HIGH STREET WESTERLY RI 028	
5.	The current mailing address of the limite	d liability company and the name or title of a person to whom communications
	may be directed are: MICHPEL	
	1015 NORTH BUAD GE	
6.		e business in which the limited liability company is actually engaged in this
	state: Mobile mixing, operati	
7.		gers, the name and address of each manager of the limited liability company Address
	MICHAEL HAUER	1015 MORTH ROAD GROTOM, CT 06340
Dat	ed	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.
		Concrete Quick, L.L.C.
		Exact Name of Limited Liability Company
File !	FOR SECRETARY OF STATE USE ONLY Date: 7 2 6 -0 (By Kin
Chec	k No.:	Mighael Hauer MEMBER
By:	1314	Title Form No. 632
,	O.	Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 100248</u>	Annual Report for the year 2000
1.	The name of the limited liability comp	any is:
	Concrete Quick, L.L.C.	
2.	The address of the principal office of	the limited liability company is:
	1015 NORTH ROAD	GROTON , CT . 06340
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agentis: ANTHONY J. NARDONE
	149 HIGH STREET WESTERLY RI	02891
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications
	may be directed are: MKHAEL	
	1015 NORTH ROAD G	20TON, CT. 06340
6.	A brief statement of the character of state: Mobile mixing, operations	the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company Aರವರಾಣ
	MICHAEL E- HAVER	1015 NORTH 2000 GROTON, CT 06340
	ted 9-18-7000	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. Concrete Quick, L.L.C. Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date:	By Michael Hauer
Che	ck No.: 116.5	MEMBEL
_	3	Title

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

	LIMITE	D LIABILITY COMPANY
ID	D Number <u>LL 100248</u>	Annual Report for the year 1999
1.	, , , , , , , , , , , , , , , , , , ,	
	Concrete Quick, L.L.C.	
2.	2. The address of the principal office of the limited	d liability company is:
	1015 North Road, Groton, C.	T 06340
3.	3. The state or other jurisdiction under the laws of	f which it is formed is RHODE ISLAND
4.	1. The name and address of its resident agent is:	ANTHONY J. NARDONE
	149 HIGH STREET WESTERLY, RI 02891	
5.	5. The current mailing address of the limited liabil	lity company and the name or title of a person to whom communications
	may be directed are:Michael Haue	er
	1015 North Road, Groton, C	r 06340
6.	S. A brief statement of the character of the bus state: Mobile mixing, operating	iness in which the limited liability company is actually engaged in this ng company.
7.	 If the limited liability company has managers, t Name 	the name and address of each manager of the limited liability company Address
	FOR SECRETARY OF STATE USE ONLY ide Date: 10-6-99 heck No.: 1307	Inder penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and lat all statements contained herein are true and correct. Concrete Quick, L.L.C. Exact Name of Limited Liability Company Michael Hauer MEMBER Title
3 y:	y: AMF	Form No. 632 Revised 01/99