



**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. 110352		2. Exact name of the limited liability company Middletown Ready-Mix Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 273 GREAT ROAD/ROLAND BOUCHER		City NORTH SMITHFIELD	State RI	Zip 02896-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROLAND M BOUCHER			Contact Title CPA		
Street Address 273 GREAT ROAD		City NORTH SMITHFIELD	State RI	Zip 02896-	
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 Farmington Investment Group, LLC			*Manager Name		
Street Address c/o Roland M. Boucher, 273 Great Road			*Street Address		
City North Smithfield	State RI	Zip 02896	*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 JON A. MILLS, ESQ.			Address 222 JEFFERSON BOULEVARD		
Address			City WARWICK	Zip 02888-	

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



1 1 0 3 5 2

\*110352 DLLC 08/30/05 02:37:59 PM\*

File Date 9/26/05

Check No. 3446

By: JMI

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] 9/26/05  
Signature of Authorized Person Date

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

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Street Address c/o Roland M. Boucher, 273 Great Road			Street Address		
City North Smithfield	State RI	Zip 02896	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 JON A. MILLS, ESQ.			Address 222 JEFFERSON BOULEVARD		
Address			City WARWICK	Zip 02888-	

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



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**FILED**

\*110352 DLLC 09/14/04 03:46:09 PM\*

File Date SEP 14 2004

Check No. By

By: [Signature] 44473

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.

Farmington Investment Group, Inc.  
By: [Signature] 9/13/04  
Signature of Authorized Person Date  
By: STEPHEN A. CRAIG  
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)

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		Zip 02896-	
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Manager Name Farmington Investment Group, LLC		• Manager Name	
Street Address c/o Roland M. Boucher, 273 Great Road		• Street Address	
City North Smithfield	State RI	Zip 02896	• City
• State		• State	
• Zip		• Zip	
• Manager Name		• Manager Name	
• Street Address		• Street Address	
• City	• State	• Zip	• City
• State		• State	
• Zip		• 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 JON A. MILLS		Address 222 JEFFERSON BOULEVARD	
Address		City WARWICK	Zip 02888-

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



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*110352 DLLC 09/15/03 02:33:27 PM*	
File Date	9/30/03
Check No.	1627
By:	DA
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.

*Stephen A. Cardi* 9/22/03  
Signature of Authorized Person Date

**Stephen A. Cardi, Treasurer**  
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. *110352*		2. Exact name of the limited liability company Middletown Ready-Mix Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROLAND M BOUCHER		Contact Title CPA			
Street Address 273 GREAT ROAD		City NORTH SMITHFIELD	State RI	Zip 02896-	
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					
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Street Address c/o Roland M. Boucher, 273 Great Road		Street Address			
City North Smithfield	State RI	Zip 02896	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 JON A. MILLS		Agent Name			
Address		Address WARWIC 2888-			

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



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\*110352 DLLLC12/9/024:49:16 PM\*

File Date: JAN 15 2003

Check No. 2009 #9 311259

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including the accompanying schedules and statements, and that all statements herein are true and correct.

Signature of Authorized Person

1-14-03  
Date

Roland M. Boucher  
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  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 110352

Annual Report for the year 2001

1. The name of the limited liability company is:

Middletown Ready-Mix Realty, LLC

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

c/o Roland M. Boucher, CPA, 273 Great Road, North Smithfield, RI 02896

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: JON A. MILLS

222 JEFFERSON BOULEVARD WARWICK RI 02888-

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: c/o Roland M. Boucher, CPA, 273 Great Road, North Smithfield, RI 02896

Roland M. Boucher, CPA

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

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

*Name*

*Address*

Farmington Investment Group, LLC

c/o Roland M. Boucher, CPA

273 Great Road, North Smithfield, RI 02896

Dated 10/26/01

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.



1 1 0 3 5 2

Middletown Ready-Mix Realty, LLC

*Exact Name of Limited Liability Company*

By *[Signature]*

Farmington Investment Group, LLC

Roland M. Boucher, CPA Operating Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/30/01</u>
Check No.:	<u>OCT 30 2001</u>
By:	<u><i>[Signature]</i></u>

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040, or from our web site at www.sos.state.ri.us