



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109651		2. Exact name of the limited liability company R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTING			
5. Principal office address 130 SANCTUARY ROAD		City CHARLESTOWN	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT E. AUDETTE		Contact Title MANAGER			
Street Address 130 SANCTUARY ROAD		City CHARLESTOWN	State RI	Zip 02813	
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 ROBERT E. AUDETTE		• Manager Name • NONE			
Street Address 130 SANCTUARY ROAD		• Street Address •			
City CHARLESTOWN	State RI	Zip 02813	• City •	• State •	• Zip •
• Manager Name • NONE		• Manager Name • NONE			
• 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 MARTIN P. SLEPKOW		Address •			
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915		

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



1 0 9 6 5 1

File Date	12/5/05
Check No.	13570
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
11-15-05
Date
ROBERT E. AUDETTE, Manager
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

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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No 109651		2. Exact name of the limited liability company R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTING	
5. Principal office address 30 Lockwood Street		City West Warwick	State RI
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Eric Audette		Contact Title Manager	
Street Address 30 Lockwood Street		City West Warwick	State RI
		Zip 02893	
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 Robert Eric Audette		Manager Name None	
Street Address 30 Lockwood Street		Street Address	
City West Warwick	State RI	City	State
	Zip 02893		Zip
Manager Name None		Manager Name None	
Street Address		Street Address	
City	State	City	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 MARTIN P. SLEPKOW, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915

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



* 1 0 9 6 5 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	<u>12/8/04</u>
Check No.	<u>13514</u>
By:	<u>W.</u>
FOR SECRETARY OF STATE USE ONLY	

Robert Eric Audette 11-15-04
Signature of Authorized Person Date
Robert Eric Audette
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109651		2. Exact name of the limited liability company R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTING			
5. Principal office address 30 LOCKWOOD STREET		City WEST WARWICK	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT ERIC AUDETTE			Contact Title MANAGER		
Street Address 30 LOCKWOOD STREET		City WEST WARWICK	State RI	Zip 02893	
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 ROBERT ERIC AUDETTE			Manager Name NONE		
Street Address 30 LOCKWOOD STREET		Street Address			
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Manager Name NONE			Manager Name NONE		
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 MARTIN P. SLEPKOW, ESQ.			Address		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915		

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



* 1 0 9 6 5 1 *

File Date	11/18/03
Check No.	13399
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 Date 11-1-03

ROBERT ERIC AUDETTE, Manager

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. 109651		2. Exact name of the limited liability company R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTING		
5. Principal office address 30 Lockwood Street		City West Warwick	State RI	Zip 02893
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Robert Eric Audette		Contact Title Manager		
Street Address 30 Lockwood Street		City West Warwick	State RI	Zip 02893
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 Robert Eric Audette		*Manager Name None		
Street Address 30 Lockwood Street		*Street Address		
City West Warwick	State RI	Zip 02893	*City	*State
*Manager Name None		*Manager Name None		
*Street Address		*Street Address		
City	State	Zip	*City	*State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name MARTIN P. SLEPKOW, ESQ.		Address		
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915	

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



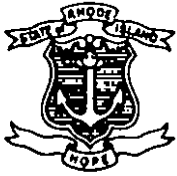
File Date	11-1-02
Check No.	13278
By:	Re
FOR SECRETARY OF STATE USE ONLY	

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 10-21-02
Robert Eric Audette, Manager
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 DLIC 109651

Annual Report for the year 2001

1. The name of the limited liability company is:

R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC

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

30 Lockwood Street, West Warwick, RI 02893

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: MARTIN P. SLEPKOW, ESQ.

1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915

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: Robert Eric Audette, Manager

30 Lockwood Street, West Warwick, RI 02893

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

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

Name	Address
------	---------

Robert Eric Audette

30 Lockwood Street, West Warwick, RI 02893

Dated 10/10/01



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.

R.E. AUDETTE & SON GENERAL CONTRACTOR, LLC

Exact Name of Limited Liability Company

By [Signature]

Robert Eric Audette, Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-11-01</u>
Check No.:	<u>13106</u>
By:	<u>[Signature]</u>

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.state.ri.us