

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

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. ID No. 2. Exact name of the limited liability company 120653 ACS Builders, LLC 4. Brief description of the character of the hustness which is actually conducted in Rhode Island 3 State of Formation REALTY HOLDING/BUILDING CONTRACTOR **RHODE ISLAND** 5. Principal office address 02822 68 Hopkins Hill Road Exeter RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Member Albert C. Scartabello, Jr. Sirect Address State 02822 68 Hopkins Hill Road 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Nume Manager Name ALLERA Sincet Address Simple Address City State Zip City Manager Name Street Address Street Address State Zip 8. RESIDENT AGENT IN RHODE ISLAND : DO NOT ALTER : Changes require filing of Form 642 : R.I.G.L. 7:16:11 Address **GELFUSO & LACHUT, INCORPORATED** Address 1193 RESERVOIR AVENUE CRANSTON Zip 02920-

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

	*120653*	*120653*			
File Date	10137				
Check Na	FOR SECRETARY OF STATE USE ONLY				

Jnder penalty of perjury, I do neluding any accompanying				•
ontained herein are true and				
	Mr.	مان	10/7/	0 <
ignature of Authorized Person		Date	+	



## STATE OF RHODE ISLAND AND PROPULENCE 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 \_\_\_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company 1. ID No. 120653 ACS Builders, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING/BUILDING CONTRACTOR **RHODE ISLAND** 5. Principal office address State RΙ 02822 68 Hopkins Hill Rd. Exeter 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Member Albert C. Scartabello, Jr. Sirvet Address City State 02822 68 Hopkins Hill Rd. RΙ Exeter 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 Street Address Street Address State Z p City State Z.ip Manager Name Manager Name Street Address Street Address State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-13 Agent Name Address

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

CRANSTON



File Date 10/14/04
Check No. 8409
Вус
FOR SECRETARY OF STATE USE ONLY

**GELFUSO & LACHUT, INCORPORATED** 

1193 RESERVOIR AVENUE

Address

including any accompanyi	ing schedules and sta	that I have examined this itements, and that all state	•
contained herein fre true a	and correct.		
( by )	homby	10/5/04	
Signature of Authorized Per	รีอ์ก	Date	

ZiD

02920-

Albert C. Scartabello, Jr.

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2003

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. ID No. 2 Exact name of the limited liability company 120653 ACS Builders, LLC 3. State of Formation 4. Brief description of the character of the bilsiness which is actually conducted in Rhode Island **REALTY HOLDING/BUILDING CONTRACTOR RHODE ISLAND** 5. Principal office address 68 Hopkins Hill Road Exeter RΙ 02822 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Albert C. Scartabello, Jr. Member Street Address State 68 Hopkins Hill Road RI 02822 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 Street Address Sirect Address State Z.Ip State Zip Manager Name Manager Name Street Address Street Address State Zψ 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 **GELFUSO & LACHUT, INCORPORATED** 

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

**CRANSTON** 



Check No. 1456

By: FOR SECRETARY OF STATE USE ONLY

1193 RESERVOIR AVENUE

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 trive and correct.

02920-

///

Signature of Authorized Person

member 10/23/0

ALBERT C. SCARTABELLO JR

Print or Type Name of Authorized Person



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

1. ID No. 1 2. Exact name of the limited liability company 1. ACS BUILDERS, LLC 1. ACS BUILDERS, LLC 1. ACS BUILDERS ACS B

FORMMUST BE TYPED OR PRINTED IN BLACK) 1278 LANE STREET, SEALING STREET, STREET, OF AND ASSESSMENT STREET, STR

3. State of Formation	4 Brief description of	f the character of the busine	ess which is actually conduct	ed in Rhode Island		
RHODE ISLAND	REALTY HOLDI	NG/BUILDING CONTR	ACTOR			
5. Principal office address 68 HOPKINS HILL ROAD			Ciņ EXETER	State RHODE IS	Zip LAND 02822	
6. MAILING ADDRESS Contact Name ALBERT C. SCARTABI	OF LIMITED LIA	BILITY COMPANY A	<u> </u>		11	
Street Address 68 HOPKINS HILL RO		·	City EXETER	State RHODE IS	Zip LAND 02822	
7. NAME AND ADDRESS	<del></del>	AGER OF THE LIMI			<del></del>	
	FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX	FOR ATTACHMENT) 🛚	•	
ANY I	MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT.  • Manager Name	R.I.G.L 7-16-12 (2) (2)	7-16-52	
<b>6</b>			•	•		
Street Address	_		• Street Address			
City	State	Zip	*City	State	Zip	
·	J					
Manager Name			*Manager Name			
Street Address			Street Address			
Ciņ	State	Zip	Ciry	State	Zip	
8. RESIDENT AGENT IN I	PHODE ISLAND O	O NOT ALTER- Chang		Form 642, VICL 1	16 11	
Igent Name	KIIODE ISEANO-E	O NOT ALIEN-CITATIO	Address	FOIII 042 - R.I.G.L. 7	10-11	
GELFUSO & LACHUT						
Address			City		ip .	
1193 RESERVOIR AVI	ENUE		CRANSTON	CRANSTON 0		
This report must be signed.	ed in ink by an au	thorized person pursi		marine, I dealers and a of		
File Date // - 5	. 02	,	this report, includ	ling any accompanying s nears contained herein ar	irm that I have examined chedules and statements, the true and correct.	
	- de		ALROPT	- C- SCART		
B <sub>V</sub> : FOR SECRETARY OF STATE	LISE ONLY		, , ,	e of Authorized Person	TOECCO JK,	
FOR SECRETARY OF STATE	U3E UNLT				Form 632 Rev. 6/	