



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 BLACK)

1. ID No. 120653		2. Exact name of the limited liability company ACS Builders, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING/BUILDING CONTRACTOR	
5. Principal office address 68 Hopkins Hill Road		City Exeter	State RI
		Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Albert C. Scartabello, Jr.		Contact Title Member	
Street Address 68 Hopkins Hill Road		City Exeter	State RI
		Zip 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) <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 Albert C. Scartabello, Jr. (ACS)		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
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 GELFUSO & LACHUT, INCORPORATED		Address	
Address 1193 RESERVOIR AVENUE		City CRANSTON	Zip 02920

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



\*120653\*

File Date	10/21/05
Check No.	10137
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 10/17/05

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120653		2. Exact name of the limited liability company ACS Builders, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING/BUILDING CONTRACTOR	
5. Principal office address 68 Hopkins Hill Rd.		City Exeter	State RI
			Zip 02822
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Albert C. Scartabello, Jr.		Contact Title Member	
Street Address 68 Hopkins Hill Rd.		City Exeter	State RI
			Zip 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) <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		Manager Name	
Street Address		Street Address	
City	State	Zip	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 GELFUSO & LACHUT, INCORPORATED		Address	
Address 1193 RESERVOIR AVENUE		City CRANSTON	Zip 02920-

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



\* 1 2 0 6 5 3 \*

File Date	10/14/04
Check No.	8409
By:	18.
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 member 10/5/04 Date  
Albert C. Scartabello, Jr.  
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. 120653		2. Exact name of the limited liability company ACS Builders, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING/BUILDING CONTRACTOR	
5. Principal office address 68 Hopkins Hill Road		City Exeter	State RI
			Zip 02822
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Albert C. Scartabello, Jr.		Contact Title Member	
Street Address 68 Hopkins Hill Road		City Exeter	State RI
			Zip 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) <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 n/a		Manager Name	
Street Address		Street Address	
City	State	Zip	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 GELFUSO & LACHUT, INCORPORATED		Address	
Address 1193 RESERVOIR AVENUE		City CRANSTON	Zip 02920

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



\* 1 2 0 6 5 3 \*

File Date	10/28/03
Check No.	7456
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.

member 10/23/03  
Signature of Authorized Person Date  
ALBERT C. SCARTABELLO JR  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120653		2. Exact name of the limited liability company ACS BUILDERS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY HOLDING/BUILDING CONTRACTOR	
5. Principal office address 68 HOPKINS HILL ROAD		City EXETER	State RHODE ISLAND
		Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALBERT C. SCARTABELLO, JR.		Contact Title MEMBER	
Street Address 68 HOPKINS HILL ROAD		City EXETER	State RHODE ISLAND
		Zip 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) <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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
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 GELFUSO & LACHUT		Address	
Address 1193 RESERVOIR AVENUE		City CRANSTON	Zip 02920

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



1 2 0 6 5 3

File Date	11-5-02
Check No.	6577
By:	<i>AS</i>
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

ALBERT C. SCARTABELLO JR.  
Print or Type Name of Authorized Person