



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. 122660		2. Exact name of the limited liability company Amity Services LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRICAL CONTRACTING	
5. Principal office address 12 Beach St.		City Warren	State RI
		Zip 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Diane E. Vaillancourt		Contact Title	
Street Address 12 Beach St.		City Warren	State RI
		Zip 02885	
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 Jeffrey M. Vaillancourt		Manager Name Diane E. Vaillancourt	
Street Address 12 Beach St.		Street Address 12 Beach St.	
City Warren	State RI	City Warren	State RI
Zip 02885		Zip 02885	
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 DIANE E. VAILLANCOURT		Address	
Address 12 BEACH STREET		City WARREN	Zip 02885

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



File Date	9/26/05	122660*
Check No.	1176	
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 9/23/05
Diane Vaillancourt
Print or Type Name of Authorized Person



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Office of the Secretary of State
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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. 122660		2. Exact name of the limited liability company Amity Services LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRICAL CONTRACTING	
5. Principal office address 12 Beach Street		City Warren	State RI
		Zip 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Diane Vaillancourt		Contact Title manager	
Street Address 12 Beach St.		City Warren	State RI
		Zip 02885	
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 Jeffrey Vaillancourt		Manager Name Diane Vaillancourt	
Street Address 12 Beach Street		Street Address 12 Beach Street	
City Warren	State RI	City Warren	State RI
Zip 02885		Zip 02885	
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 DIANE E. VAILLANCOURT		Address	
Address 12 BEACH STREET		City WARREN	Zip 02885

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



* 1 2 2 6 6 0 *

File Date	10/6/04
Check No.	0758
By:	W.
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.

Diane Vaillancourt 10/4/04
Signature of Authorized Person Date

Diane Vaillancourt
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. 122660		2. Exact name of the limited liability company Amity Services LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Electrical Contracting	
5. Principal office address 12 Beach Street		City Warren	State RI Zip 02885
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Diane Vaillancourt		Contact Title manager	
Street Address 12 Beach Street		City Warren	State RI Zip 02885
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 Jeffrey Vaillancourt		Manager Name Diane Vaillancourt	
Street Address 12 Beach Street		Street Address 12 Beach Street	
City Warren	State RI	Zip 02885	City Warren
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DIANE E. VAILLANCOURT		Address	
Address 12 BEACH STREET		City WARREN	Zip 02885

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



* 1 2 2 6 6 0 *

File Date	9-26-03
Check No.	447
By:	2c
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.

Diane Vaillancourt 9/25/03
Signature of Authorized Person Date

Diane Vaillancourt
Print or Type Name of Authorized Person