

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

1. IID No. 122660	2. Exact name of the timited Amity Services LLC	Exact name of the limited itability company unity Services LLC					
3. State of Formation RHODE ISLAND	4. Brief description	n of the character of the histnes CONTRACTING	s which is actually conducted in Rhyd	e Island			
5. Principal office addre	_		warren	State R I	Zip 02885		
Contact Name	E. Vai Nanc		AME OR TITLE OF CONTACT Contact Title	PERSON:	'		
Sirce Address	n 5+.		warren	State RI	2ip 02885		
	FILL IN SPA	ACES BEFORE USING AT MANAGERS REQUIRES	TABILITY COMPANY, IF APPL TACHMENTS ("X" BOX FO FILING OF AMENDMENT, R. Manager Name	R ATTACHMENT) 🗍			
Sircei Address 12 Bea			Sirect Address 12 Beach	<u> </u>	····		
City Warren	State R I	2ip 02885	Warren	State RI	02885		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	Clly	State	Zip		
8. RESIDENT AGEN Agent Name	IT IN RHODE ISLAND -	DO NOT ALTER - Chan	ges require filing of Form 6 Addres	1 42 - R.I.G.L. 7-16-11	.1		
DIANE E. VAILLANCO	DURT						
Address 12 BEACH STREET		City: Zip WARREN 02885-					

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

File Date	9/24/	05 122660	
Check No.	·	76	
Ву:	Cf	7	
ſ	FOR SECRETARY OF	STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examin including any accompanying schedules and statements, and that contained herein are true and correct.	
Cymanico netem die true and correct.	
Jane Vallancourt 9/3	73/05
Signature of Authorized Person Date	
Diane Vaillancourt	
Print or Type Name of Authorized Person	



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LIMITED LIABILITY	COMPANY	ANNUAL	REPORT F	OR THE Y	EAR	2004
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Filing Period: Septem (FORM MUST BE TYPED			Filing Fee: \$50.00				
1. ID No.	2 Exact name of the limited liability company						
122660	Amity	Services LLC					
3 State of Formation							
RHODE ISLAND		ELECTRICAL CO	NTRACTING				
5. Principal office address			<u> </u>	City	State		Zip
12 Beac	トゥ	treet		Warren	7	21	02885
6. MAILING ADDRES	SS OF L	IMITED LIABILITY	COMPANY AND NAME	E OR TITLE OF CONTACT PER	ISON:		•
Contact Name	1	1	_	Contact Title			
Diane	van	lancourt	<u>-</u>	manage	_		
Street Address	- \			City	State		Z.(p
12 Beau	24	•		Warren	R	_/	02885
7. NAME AND ADDE	RESS OF	EACH MANAGER	OF THE LIMITED LIAB	BILITY COMPANY, IF APPLICA	BLE		•
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR A	TTACHMENT) 🗆	
ANY	Y MODE	FICATIONS TO MA	NAGERS REQUIRES FI	LING OF AMENDMENT, R.I.G.	L. 7-16-12 (:	ı) (2) / 7-16	-52
Manager Name	, -,			Manager Name			
Jettrey	Vai	Mancour	+	Diane Vaillancourt Sirvi Address 12 Beach Street			
Street Address		1	· · · · · · · · · · · · · · · · · · ·	Street Address	~	t	
12 Beach	, <u> </u>	street	· • · · · · · · · · · · · · · · · · · ·	12 Beach	Stre	<u>et</u>	
Warren	• • • • • • • • • • • • • • • • • • • •	State R \	02885	Warren	State R	. \	02185
Manager Name				Manager Name	•	•••••••	······································
Street Address		<u>_</u>		Street Address			 .
				:			
City	_	State	Zip	City	State		Zip
				•			
	' IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	R.I.G.I 7-1	6-11	
Agent Name				Address			
DIANE E. VAILLANCOI	IRT						
Address				City	-	Zip	
12 BEACH STREET				WARREN	02885-		
			_	MARKEN		T_0X003-	

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



File Date 10 16 04
Check No. 0758
Ву:
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, somained herein are true and correct.

()-1/-00

Signature of Authorized Person

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 Ductsion 100 North Main Street Providence, RI 02903-1335

401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filling Periods September 1 - November 1 - Filling Feet \$50.00

2003

FRING PERSON: SEPTEM (FORM MUST BE TYPED)		rung Fee: \$50,00				
1 1/2 No. 122660	2. Exact name of the limited lia Amity Services LLC	bility company				
3. State of Formation	4. Brief description of	the character of the hustness wh	ich is actually conducted in Rhode Is	land		
RHODE ISLAND	Electri	cal Contrac	ting			
5. Principal office address	h Street		Warren	State	エ	02885
		Y COMPANY AND NAME	OR TITLE OF CONTACT PE	 ERSON:		10000
Contact Name	aillancourt		Connact Title Manager			
Street Address 12 Beach	Street		warren	State R	工	D2885
	FILL IN SPACE	S BEFORE USING ATTA	: ILITY COMPANY, IF APPLIC CHMENTS <i>("X" BOX FOR</i> LING OF AMENDMENT, R.I.«	ATTACHMENT,		·-52
Manager Name Jeffrey	Vaill ancourt	τ	Manager Name Diane Vai	llancou	, ~ †	
Sirce Address 12 Beach			Sinci Address 12 Beach	Street		
Warren	State RI	D2885	warren	State R	工	02885
Manager Name			Manager Name	*****************	•••••••	<i>*************************************</i>
Street Address			Street Address			
Gity	State	Zip	Chy	State		Zip
8. RESIDENT AGENT	IN RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 Address	2 - R.I.G.L. 7-1	6-11	I
DIANE E. VAILLANCOU	RT					
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	

FOR SECRETARY OF STATE USE ONLY

Under po	enalty of perjury, I declare and	affirm that I have examined this r	eport.
including	g any accompanying schedules	and statements, and that all states	nents
contains	d herein are true and correct.		
- / I	1.4	Λ	