



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. 131867		2. Exact name of the limited liability company T.A DUMAS & COMPANY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONTRACTOR	
5. Principal office address 27 WILLISTON WAY		City PAWTUCKET	State RHODE ISLAND
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Todd A. Dumas		Contact Title Member	
Street Address 27 WILLISTON WAY		City Pawtucket	State Rhode Island
		Zip 02861	
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	State	Zip	State
Manager Name	• Manager Name		
Street Address	• Street Address		
City	State	Zip	City
State	State	Zip	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 R. Kevin Horan		Address	
Address 393 Armistice Blvd.		City Pawtucket	Zip 02861

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



1 3 1 8 6 7

File Date	3/1/06
Check No.	4583 M91353
By:	KmL
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.

Jane P. Dumas 1/4/06
Signature of Authorized Person Date
Jane P. Dumas
Print or Type Name of Authorized Person



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3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Contractor	
5. Principal office address 27 Williston Way		City Pawtucket	State RI
		Zip 02861	
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1 3 1 8 6 7

File Date	8/1/05
Check No.	4435
By	DA
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.

Jane P. Dumas 6/19/05
Signature of Authorized Person Date
Jane P. Dumas
Print or Type Name of Authorized Person