



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 130570		2. Exact name of the limited liability company MBP Masonry LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MASONRY	
5. Principal office address 157 Pound Rd		City Cumb	State R.I.
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joe Pacheco		Contact Title CEO	
Street Address 157 Pound Rd		City Cumb	State R.I.
		Zip 02864	
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 JOSEPH PACHECO		Address	
Address 157 POUND ROAD		City CUMBERLAND	Zip 02864

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



File Date	11/10/05	*130570*
Check No.	2951	
By:	[Signature]	
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] **10/3/05**
Signature of Authorized Person Date
Joseph Pacheco
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130570		2. Exact name of the limited liability company MPB Masonry, L.L.C. <i>should be MBP Masonry, LLC</i>			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Masonry</i>			
5. Principal office address <i>157 Pound Rd</i>		City <i>Cumberland</i>	State <i>R.I.</i>	Zip <i>02864</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <i>Joe Pacheco</i> Contact Title <i>President CEO</i>					
Street Address <i>157 Pound Rd</i>		City <i>Cum</i>	State <i>RI</i>	Zip <i>02864</i>	
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 <i>Joe Pacheco</i>		Manager Name <i>Margaret Pacheco</i>			
Street Address <i>157 Pound Rd</i>		Street Address <i>157 Pound Rd</i>			
City <i>Cum</i>	State <i>R.I.</i>	Zip <i>02864</i>	City <i>Cumberland</i>	State <i>R.I.</i>	Zip <i>02864</i>
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 <i>JOSEPH PACHECO</i>			Address		
Address <i>157 POUND ROAD</i>			City <i>CUMBERLAND</i>	Zip <i>02864</i>	

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



* 1 3 0 5 7 0 *

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.

File Date	<i>10/18/04</i>
Check No.	<i>2908</i>
By:	<i>J.</i>
FOR SECRETARY OF STATE USE ONLY	

Joe Pacheco
Signature of Authorized Person
9/7/04
Date
Joseph Pacheco
Print or Type Name of Authorized Person