



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. 131171		2. Exact name of the limited liability company Valley View Truck and Equipment, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, AND OR LEASE TO THIRD PARTIES TRUCKS AND OTHER CONSTRUCTION VEHICLES			
5. Principal office address 1155 Atwood Avenue			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven F. Pagliarini			Contact Title Manager		
Street Address 1155 Atwood Avenue			City Johnston	State RI	Zip 02919
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 Steven F. Pagliarini			Manager Name Paul A. Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 22 Elisha Mathewson Road		
City Johnston	State RI	Zip 02919	City N. Scituate	State RI	Zip 02857
Manager Name James M. Pagliarini			Manager Name		
Street Address 211 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 NORMAN JAY BOLOTOW			Address		
Address 95 CHESTNUT STREET			City PROVIDENCE	Zip 02903-	

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



File Date 9/12/05 131171*

Check No. 26936

By: Jm

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.

Steven F. Pagliarini 9/16/05
Signature of Authorized Person Date

Steven F. Pagliarini

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131171		2. Exact name of the limited liability company Valley View Truck and Equipment LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island own, operate and/or lease to third parties trucks and other construction vehicles			
5. Principal office address 1155 Atwood Avenue			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven F. Pagliarini			Contact Title Manager		
Street Address 1155 Atwood Avenue			City Johnston	State RI	Zip 02919
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Manager Name Steven F. Pagliarini			Manager Name Paul A. Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 22 Elisha Mathewson Road		
City Johnston	State RI	Zip 02910	City N.Scituate	State RI	Zip 02857
Manager Name James M. Pagliarini			Manager Name		
Street Address 211 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 NORMAN JAY BOLOTOW			Address		
Address 95 CHESTNUT STREET			City PROVIDENCE	Zip 02903	

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



* 1 3 1 1 7 1 *

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.

Steven F. Pagliarini 9/25/04
Signature of Authorized Person Date

Steven F. Pagliarini

Print or Type Name of Authorized Person

File Date	<u>10/1/04</u>
Check No.	<u>24445</u>
By:	<u>OA</u>
FOR SECRETARY OF STATE USE ONLY	