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.	*2. Exact name of the limited liability company*
136073	D & H Builders LLC.

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	CONSTRUCTION

5 Principal office address	*City*	*State*	*Zip*
222 Norton St.	East Providence	RI	02915

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Harold Garcia	owner

Street Address	*City*	*State*	*Zip*
222 Norton St.	East Providence	RI	02915

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Harold Garcia	58 Robinson Ave.	S. Attleboro	MA	02703
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*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	*Address*		
HAROLD GARCIA			
Address	*City*		*Zip*
222 NORTON STREET	EAST PROVIDENCE		02914-

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

[redacted] [redacted]

File Date 10/3/05 *136073*

Check No. 1537

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Harold Garcia 8-29-05
Signature of Authorized Person *Date*

Harold Garcia
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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Office of the Secretary of State
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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.	*2. Exact name of the limited liability company*
136073	D & H Builders LLC.

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	construction

5. Principal office address	*City*	*State*	*Zip*
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Contact Name	*Contact Title*
Harold Garcia	owner

Street Address	*City*	*State*	*Zip*
SAA			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
HAROLD Garcia	222 Norton St.	E. Prov	RI	02914

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*		
HAROLD ~~GARCIA~~ GARCIA			
Address	*City*		*Zip*
222 NORTON STREET	EAST PROVIDENCE		02914-

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

[redacted]

* 1 3 6 0 7 3 *

[redacted]

File Date 12/9/04

Check No. 1520

By W.

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 9-7-04

Print or Type Name of Authorized Person

Form 632 Rev. 7/03