



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. 123076 | | 2. Exact name of the limited liability company Hill Top Contractors LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island LANDSCAPE CONSTRUCTION, LIGHT MASONRY | |
| 5. Principal office address 363 PUTNAM PIKE | | City SMITHFIELD | State RI |
| | | Zip 02917 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JOHN A. FRANCISCO | | Contact Title OWNER / PROPRIETOR | |
| Street Address 363 PUTNAM PIKE | | City SMITHFIELD | State RI |
| | | Zip 02917 | |
| 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 JOHN A. FRANCISCO | | Address | |
| Address 363 PUTNAM PIKE | | City SMITHFIELD | Zip 02917 |

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



| | | |
|---------------------------------|--------------------|---------|
| File Date | 9/15/05 | 123076* |
| Check No. | 128 | |
| 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.

John A. Francisco **9-15-05**
Signature of Authorized Person Date
Owner / Proprietor
Print or Type Name of Authorized Person
JOHN A. FRANCISCO



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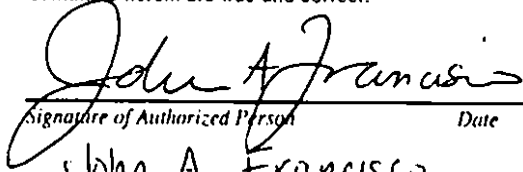
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. ID No. 123076 | | 2. Exact name of the limited liability company Hill Top Contractors LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Landscape Construction, LIGHT MASONRY | |
| 5. Principal office address 363 Putnam Pike | | City Smithfield | State RI |
| | | Zip 02917 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name John A. Francisco | | Contact Title Owner | |
| Street Address 363 Putnam Pike | | City Smithfield | State RI |
| | | Zip 02917 | |
| 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"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
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| Agent Name JOHN A. FRANCISCO | | Address | |
| Address 363 PUTNAM PIKE | | City SMITHFIELD | Zip 02917- |

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



* 1 2 3 0 7 6 *

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.

 10-11-04
Signature of Authorized Person Date
John A. Francisco
Print or Type Name of Authorized Person

File Date 12/7/04
Check No. 107
By: V.

FOR SECRETARY OF STATE USE ONLY



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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| Agent Name JOHN A. FRANCISCO | | Address | |
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



| | |
|---------------------------------|--------------------|
| File Date | 10-7-03 |
| Check No | 114 |
| 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.

John A. Francisco 10/6/03
Signature of Authorized Person Date
John A. Francisco
Print or Type Name of Authorized Person