

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

(FORM MUST BE TYPED)			rung rec. 350.00				
1. ID No.	2. Exact)	2. Exact name of the limited liability company					
123076	Hill Top	Hill Top Contractors LLC					
3. State of Formation 4. Brief description of the character of the business of				b is actually conducted in Rhode	Island		
RHODE ISLAND LANDSCAPE CONSTRUCTION, LIGHT M.				ONRY			
5. Principal office address			•	City	State		Zip
363 RUTHAM	like			Smithfield	ペコ	-	02917
6. MAILING ADDRES	SS OF LI	MITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT	PERSON:		
Contact Name	_			Contact Title			
JOHN A. Sirrei Address 363 RINA	FRAN	susw		OWNER Pro	prietor		
Sirrei Address				City	State		Zφ
363 KUTNA	M KIK	تتا		Smithfiel	d 12	·	02517
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPL	ICABLE		·
				HMENTS ("X" BOX FO			
ANT	Y MODIF	ICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.	I.G.L. 7-16-12 (a	ı) (2) / 7-16	-52
Manager Name				Manager Name			
Sirret Address				Sirrei Address			
							,
City		State	Zip	City	State		Zip
	j			•			
Manager Name				Manager Name			
				-			
Sirver Address				Street Address			
				•			
City	[State	Ζφ	City	State		Zφ
			1	• • •			
8. RESIDENT AGENT	I IN RHO	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 6	42 - R.I.G.L. 7-1	6-11	
Agont Name				Address			
JOHN A. FRANCISCO		<u> </u>				<u> </u>	
Address				City		Zip	
363 PUTNAM PIKE				SMITHFIELD		02917-	
	-					<u>• </u>	

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

File Date	9/18/05 123076	
Check No.	<u>"128</u>	
Ву:	FOR SECRETARY OF STATE USE ONLY	
		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.

Sknafure of Authorized Person Date

Print or Type Name of Authorized Person JOHN A. FRANCISCO

Form 632 Rev. 7/03



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2004

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1. II) No. 123076	Hill Top Contracto						
3. State of Formation			husiness which is actually conducted in Rho				
RHODEISLAND Landscape Construct			uction, LIGHT MASO	hon , LIGHT MASONRY			
5 Principal office add	norm Pill		Smithfield	State	02917		
6. MAILING ADD	RESS OF LIMITED LL	ABILITY COMPANY AN	ND NAME OR TITLE OF CONTACT	T PERSON:			
Contact Name John A	. Francisco		Contact Title Owner	. <u></u>			
Street Address 4	. Francisco tham Pike		Sm thread	L State RI	02917		
	DDRESS OF EACH MA	NAGER OF THE LIMIT SPACES BEFORE USI	ED LIABILITY COMPANY, IF APING ATTACHMENTS ("X" BOX F	PLICABLE FOR ATTACHMENT)			
Manager Name	,		Manager Name	DTCT T16.12 (a) (2)	N / ₹-16-52		
Sinvi Address			Street Address				
City _	Coatte	7	Cuy	State	Zip		
Manager Name	••••••		Munager Name	······			
Sirvei Address	<u>-</u>		Street Address	·			
City	State	Zip	Gity	State	Zip		
8. RESIDENT AG	ENT IN RHODE ISLAT	ND - DO NOT ALTER -	: Changes require filing of Form	642 - R.I.G.L. 7-16-11	I		
•••	SCO						
JOHN A. FRANCIS				Cay Zip			
	<u> </u>		City	Zip			

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

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File Date 12 7 04
Check No. 107
ву:
FOR SECRETARY OF STATE USE ONLY

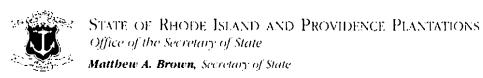
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Date

John A. Francisco

Print or Type Name of Authorized Person



Corporations Du ision 106 North Main Street Providence, RI 92903-1335 401-222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

CLOKM MOST BE LIVE	D OR PRINTED IN BLACK)					
1 IID No 123076	2 Exact name of the limited hability company Hill Top Contractors LLC					
3 State of Formation RHODE ISLAND	á Brief description	r of the chanicier of the hi	ismess which is actually conducted in Rhode I	Sland		
5 Principal office addition of the SUM of th	am Pike		Smithfield	State RI	02917	
6. MAILING ADDR	RESS OF LIMITED LIABIL	ITY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
John A.f	Fanusio		Contact Tallo OWALT			
363 Putna	in fine		Smithfield	State	^{Zup} 02917	
	FILL IN SPA	CES BEFORE USING	D LIABILITY COMPANY, IF APPLIC G ATTACHMENTS — ("X" BOX FOR RES FILING OF AMENDMENT, R.I.	ATTACHMENT)	/ 7-16-52	
Manager Name	Manager Name			Manager Name		
Sirvet Address	,		Street Address			
Cup	State	Zip	Ct_1	State	Zip	
Cny Manager Name	State	Ziji	Cus Manager Name	State	Zıp	
•••••	State	Zip		State	Zųs	
Manager Name	State State	Zφ.	Manager Name	State State	Zip Zip	
Manager Name Street Address City	State NT IN RHODE ISLAND -	Zıp	Manager Name Street Address	State		

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 *
File Date	10.7.03
Check No _	114
Bv:	<u></u> <u>a</u>
FC	OR 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.
Signfufre of Authorized Person Date
Significe of Authorized Peikon Date
John A. Francisco
Print or Type Name of Authori, ed Person