

**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. <b>131683</b>		2. Exact name of the limited liability company <b>Camara Excavating, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SEPTIC SYSTEMS, GRADING</b>	
5. Principal office address <b>48 Common Fence Blvd</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Joel W. Camara</b>		Contact Title <b>President</b>	
Street Address <b>48 Common Fence Blvd</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
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 <b>Joel W. Camara</b>		Manager Name	
Street Address <b>48 Common Fence Blvd</b>		Street Address	
City <b>Portsmouth</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		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 <b>JOEL CAMARA</b>		Address	
Address <b>48 COMMON FENCE BOULEVARD</b>		City <b>PORTSMOUTH</b>	Zip <b>02871-</b>

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



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	<b>11.09.05</b>	*131683*
Check No.	<b>1914</b>	
By:	<b>ICP</b>	
FOR SECRETARY OF STATE USE ONLY		

Signature of Authorized Person: Joel W. Camara Date: 9-10-05  
 Print or Type Name of Authorized Person: Joel W. Camara



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1. ID No. 131683		2. Exact name of the limited liability company Camara Excavating, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Septic Systems, grading			
5. Principal office address 48 Common Fence Blvd.		City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joel W. Camara			Contact Title President manager, President		
Street Address 48 Common Fence Blvd		City Portsmouth	State RI	Zip 02871	
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 <del>JOEL W. CAMARA</del>			Manager Name		
Street Address <del>48 COMMON FENCE BOULEVARD</del>			Street Address		
City <del>PORTSMOUTH</del>	State <del>RI</del>	Zip <del>02871</del>	City	State	Zip
Manager Name			Manager Name		
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOEL CAMARA			Address		
Address 48 COMMON FENCE BOULEVARD			City PORTSMOUTH	Zip 02871-	

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



\* 1 3 1 6 8 3 \*

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.

Lisa M. Camara 9-13-04  
Signature of Authorized Person Date  
Lisa M. Camara, OFFICE HRS.  
Print or Type Name of Authorized Person

File Date	<u>12/10/04</u>
Check No.	<u>1502</u>
By:	<u>W.</u>
FOR SECRETARY OF STATE USE ONLY	