



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. 122284		2. Exact name of the limited liability company Johnston Asphalt, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ASPHALT PRODUCTION AND EARTH AND GRAVEL REMOVAL FACILITY.	
5. Principal office address 100 ALLENDALE AVENUE		City JOHNSTON	State RI
		Zip 02919-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RICHARD J MILLER		Contact Title Operations Manager	
Street Address 100 ALLENDALE 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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD J. LAND		Address 123 DYER STREET	
Address		City PROVIDENCE	Zip 02903-

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



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122284 DULC110/12/05 02:28:04 PM	
File Date	10/27/05
Check No	102760
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.

[Signature]
Signature of Authorized Person Date 10-24-05
Richard J. Miller
Print or Type Name of Authorized Person



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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. 122284		2. Exact name of the limited liability company Johnston Asphalt, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ASPHALT PRODUCTION AND EARTH AND GRAVEL REMOVAL FACILITY.	
5. Principal office address 100 ALLENDALE AVENUE		City JOHNSTON	State RI
		Zip 02919-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARK GABRIEL, Richard J. Miller		Contact Title Manager	
Street Address 100 ALLENDALE 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		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 RICHARD J. LAND		Address 123 DYER STREET	
Address		City PROVIDENCE	Zip 02903-

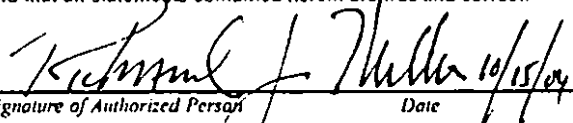
This report must be signed in ink by an authorized person pursuant to 7-16-66.



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122284 DLLC 10/13/04 01:18:19 PM	
File Date	10/20/04
Check No	702057
By	us
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 10/15/04
Mark Gabriel Richard J. Miller
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
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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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 122284		2. Exact name of the limited liability company Johnston Asphalt, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Asphalt production and earth and gravel removal facility.	
5. Principal office address 100 Allendale Avenue		City Johnston	State RI Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Mark Gabriel Contact Title: Manager			
Street Address 100 Allendale 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: 1 ("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	Zip	City
Manager Name	• Manager Name		
Street Address		• Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Raymond Libutti		Address 100 Allendale Avenue	
Address		City Johnston	Zip 02919

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



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File Date	RECEIVED
Check No.	FEB 09 2004
By	BY
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: 11/7/04
Mark Gabriel, Manager
Print or Type Name of Authorized Person