

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Septe	mber 1 -	November 1	Filing Fee: \$5	50.00	OK THE I	EAR	—	
(FORM MUST BE TYPE	D OR PR	INTED IN BLAC	CKO .					
1. ID No.		name of the limited liabilty company						
122284		ton Asphalt, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND ASPHALT PRODUCTION AND EARTH			ARTH AND GRAVEL REMOVAL	H AND GRAVEL REMOVAL PACILITY.				
5. Principal office addre	ss			City	State	Zip		
100 ALLENDALE AVENUE			JOHNSTON	RI	02919-			
Contact Name		F LIMITED _, L	JABILITY COMPA	ANY AND NAME OR TITLE				
RICHARD J MILLER					Operations Manager			
Street Address			City	State	Zip			
100 ALLENDALE		-		• JOHNSTON	ΡI	02919-		
Manoger Name		FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY CON G ATTACHMENTS ("X" BOX JIRES FILING OF AMENDMENT. • Manager Name	FOR ATTACHMENT)			
Street Address		<u>-</u>		*Street Address		<u> </u>		
City		State	Zip	·City	State	Zip		
Manuger Name	J	• • • • • • •	1	*Manager Name		J		
Sircei Address				·Street Address	·Street Address			
City		State	Zip	City	State	Zip		
8. RESIDENT AGEN Agent Name RICHARD J. LANI		ODE ISLAND	-DO NOT ALTER- CI	hanges require filling of F		7-16-11	:	
Address				123 DYER STREET				
Address				City		Zip		
				PROVIDENCE		02903-		

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

122284	4.6112/1	2/05.0	2:28:04 PM*
File Date	X'JVL	μ	<u> </u>
Check No	70	87	o D
3y:	(10/1	

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.

Signature of Authorized Person

Richard J. Willer

Print or Type Name of Authorized Person



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 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST RE TYPED OF					
	xact name of the limite hnston Asphalt, L				
. State of Formation	•		husiness which is actually conducte	ed in Rhode Island	-
RHODE ISLAND	ASPHALT PRO	DUCTION AND EA	RTH AND GRAVEL REMOVAL	PACILITY.	
. Principal office address	_ <u>- </u>		City	State	Zip
100 ALLENDALE AV	_	<u>.</u>	JOHNSTON	RI	02919-
	S OF LIMITED L	ABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PE	RSON:
Contact Name MARK CABRIEL Richard J. Miller			*Coniaci Title • Manager		
Street Address			City	State	Zip
100 ALLENDALE AVENUE			. JOHNSTON	RI	02919-
,	FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY COI ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT. • Manager Name	FOR ATTACHMENT)	ם
			· · · · · · · · · · · · · · · · · · ·		
Street Address			* Street Address		
Cin [.]	State	Zip	*City	State	Zip
. ,		[""	•		-'
Manager Name		,	*Manager Name	!	
Strees Address			•Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IT Igent Name RICHARD J. LAND	N RHODE ISLAND	-DO NOT ÁLTER- CH	nanges require filing of Address 123 DYER STRE	-	7-16-11
Address			City	City	
			PROVIDENCE		02903-
his report must he sig	ned in ink by an	authorized person	pursuant to 7-16-66.		
122284 DLLC 10/13	2 2 8 4 3/04 01:18:19 FM		this report, includ		ffirm that I have examined schedules and statements. are true and correct.
Check No. 7020	57	_	Signature of Autho	rized Person	Date
B_{Σ} \mathcal{U}		_	- Mark Gal	e of Authorized Person	J. Miller
FOR SECRETARY OF STA	TE USE ONLY			•	Form 632 Re



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 2. Exact name of the limited liabilty company 122284 Johnston Asphalt, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Rhode Island Asphalt production and earth and gravel removal facility. 5. Principal office address Zio 100 Allendale Avenue Johnston RI 02919 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Mark Gabriel .Manager Street Address City Zip 100 Allendale Avenue Johnston RI 02919 7. NAME AND ADDRESS OF BACH MANAGER OR THE LIMITED WABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS: 16'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 Manager Name Street Address · Street Address City State Zip Ciry State Zip Manager Name Manager Name Street Address Street Address City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642 - RLGL. 7-16-11 Agent Name Audress Raymond Libutti 100 Allendale Avenue Address City Zip Johnston 02919

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

		_
File Date	RECEIVED	
Check No.	FF8 0 9 2004	200820
В <u>у;</u>	DY WO	
FOR SECRET	ARY 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.

Mark Gabriel, Manager Print or Type Name of Authorized Person