



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. 104385		2. Exact name of the limited liability company Arcand Construction Co., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE CONSTRUCTION OF HOMES AND BUILDINGS AND ANY RELATED ACTIVITIES, AND REAL ESTATE DEVELOPMENT.	
5. Principal office address 177 GRAVELLY HILL RD.		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WALTER W ARCAND		Contact Title	
Street Address 177 GRAVELLY HILL RD.		City WAKEFIELD	State RI
		Zip 02879-	
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 WALTER W. ARCAND		*Manager Name	
Street Address 177 GRAVELLY HILL ROAD		*Street Address	
City WAKEFIELD	State RI	Zip 02879	*City
*Manager Name		*Street Address	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Street Address	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH H. SCOTT, ESQ.		Address 410 KINGSTOWN ROAD	
Address		City WEST KINGSTON	Zip 02892

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



1 0 4 3 8 5

104385 DLLC 11/01/05 04:58:52 PM

File Date 3/15/06

Check No. 3466

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.

Walter W Arcand 12/6/05
Signature of Authorized Person Date

WALTER W ARCAND
Print or Type Name of Authorized Person



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 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE CONSTRUCTION OF HOMES AND BUILDINGS AND ANY RELATED ACTIVITIES, AND REAL ESTATE DEVELOPMENT.			
5. Principal office address 177 Gravelly Hill road		City Wakefield,	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Walter W. Arcand			Contact Title		
Street Address 177 Gravelly Hill Road		City Wakefield,	State RI	Zip 02879	
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 Walter W. Arcand			Manager Name		
Street Address As above			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 JOSEPH H. SCOTT, ESQ.			Address		
Address 410 KINGSTOWN ROAD			City WEST KINGSTON	Zip 02892	

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.

Walter W. Arcand 11/15/04
 Signature of Authorized Person Date

WALTER W. ARCAND
 Print or Type Name of Authorized Person

File Date 12/3/04
 Check No. 3067
 By: W.
 FOR SECRETARY OF STATE USE ONLY



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. 104385		2 Exact name of the limited liability company Arcand Construction Co., LLC			
3 State of formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island THE CONSTRUCTION OF HOMES AND BUILDINGS AND ANY RELATED ACTIVITIES, AND REAL ESTATE DEVELOPMENT.			
5 Principal office address 77 Gravelly Hill Road			City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Walter W. Arcand			Contact Title Manager		
Street Address 177 Gravelly Hill Road			City Wakefield	State RI	Zip 02879
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 Walter W. Arcand			Manager Name		
Street Address 177 Gravelly Hill Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 JOSEPH H. SCOTT, ESQ.			Address		
Address 410 KINGSTOWN ROAD			City WEST KINGSTON	Zip 02892	

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



* 1 0 4 3 8 5 *

File Date 10-1-03

Check No 2613

By W

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.

Walter W. Arcand 9/23/03
Signature of Authorized Person Date

Walter W. Arcand

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104385		2. Exact name of the limited liability company Arcand Construction Co., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE CONSTRUCTION OF HOMES AND BUILDINGS AND ANY RELATED ACTIVITIES, AND REAL ESTATE DEVELOPMENT.	
5. Principal office address 77 Gravelly Hill Road, Wakefield,		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Walter W. Arcand		Contact Title Manager	
Street Address 177 Gravelly Hill Road		City Wakefield,	State RI
		Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS. ("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 Walter W. Arcand		Manager Name	
Street Address 177 Gravelly Hill Road		Street Address	
City Wakefield,	State RI	Zip 02879	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State 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 JOSEPH H. SCOTT, ESQ.		Address	
Address 410 KINGSTOWN ROAD		City WEST KINGSTON	Zip 02892

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



* 1 0 4 3 8 5 *

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.

Walter W. Arcand 10/21/02
Signature of Authorized Person Date

Walter W. Arcand
Print or type Name of Authorized Person

11-1-02
File Date
MO 9682 0280248
Check No.
By: *W*
FOR SECRETARY OF STATE USE ONLY

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 104385

Annual Report for the year 2001

1. The name of the limited liability company is:

Arcand Construction Co., LLC

2. The address of the principal office of the limited liability company is:

177 Gravelly Hill Road, Wakefield, RI 02879

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH H. SCOTT, ESQ.

410 KINGSTOWN ROAD WEST KINGSTON RI 02892

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 177 Gravelly Hill Road, Wakefield, RI 02879

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: The construction of homes and buildings and any other related activities, and real estate development.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Walter W. Arcand

177 Gravelly Hill Road, Wakefield, RI 02879

Dated

11/26/01

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.

Arcand Construction Co., LLC

Exact Name of Limited Liability Company

By: Walter W. Arcand

Manager

Title



1 0 4 3 8 5

FOR SECRETARY OF STATE USE ONLY

File Date: 12-10-01

Check No.: 1862

By: [Signature]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed Form 642 must be filed in this office. Forms may be

