



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. 114292 | | 2. Exact name of the limited liability company ROBERT C. BRUCE GENERAL CONTRACTING, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT | |
| 5. Principal office address 11 Lakeside Drive Box 536 | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Robert C. Bruce | | Contact Title Manager | |
| Street Address 11 Lakeside Dr. | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 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 Robert C. Bruce | | Manager Name Wendy J. Bruce | |
| Street Address | | Street Address 11 Lakeside Dr. | |
| City | State | City | State |
| | | Hope Valley | RI |
| Manager Name | | Zip 02832 | |
| | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name ROBERT C. BRUCE | | Address 11 LAKESIDE DRIVE | |
| Address P.O. BOX 536 | | City HOPE VALLEY | Zip 02832 |

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



| | | |
|---------------------------------|---------|----------|
| File Date | 9/21/05 | *114292* |
| Check No. | 700 | |
| By: | AD | |
| 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.

Robert C. Bruce
Signature of Authorized Person Date
Robert C. Bruce
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
401.222.3940

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)

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|--|-------|--|--------------|
| 1. ID No. 114292 | | 2. Exact name of the limited liability company ROBERT C. BRUCE GENERAL CONTRACTING, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT | |
| 5. Principal office address PO Box 536 11 Lakeside Dr. | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Robert C. Bruce | | Contact Title Manager / Owner | |
| Street Address same | | City | State |
| | | Zip | |
| 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 Robert C. Bruce | | Manager Name Wendy J. Bruce | |
| Street Address same as above | | Street Address Same as above | |
| 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 ROBERT C. BRUCE | | Address 11 LAKESIDE DRIVE | |
| Address P.O. BOX 536 | | City HOPE VALLEY | Zip 02832 |

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



* 1 1 4 2 9 2 *

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.

Robert C. Bruce 9-12-04
Signature of Authorized Person Date

Robert C. Bruce
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
109 North Main Street
Providence, RI 02903-1335
401.222.3640

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. 114292 | | 2. Exact name of the limited liability company: ROBERT C. BRUCE GENERAL CONTRACTING, LLC | |
| 3. State of formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT | |
| 5. Principal office address Box 536 11 Lakeside Dr. | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Robert C. Bruce | | Contact Title Manager | |
| Street Address Same as above | | City | State |
| | | Zip | |
| 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 Wendy J. Bruce | | Manager Name Robert C. Bruce | |
| Street Address Same as above | | Street Address same as above | |
| 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 ROBERT C. BRUCE | | Address 11 LAKESIDE DRIVE | |
| Address P.O. BOX 536 | | City HOPE VALLEY | Zip 02832- |

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



* 1 1 4 2 / 9 2 *

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.

Robert C. Bruce 10-13-03
Signature of Authorized Person DateRobert C. Bruce
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY



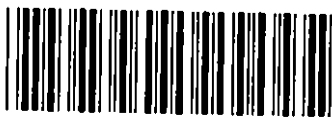
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|------------------|---|---------------------|
| 1. ID No. 114292 | | 2. Exact name of the limited liability company ROBERT C. BRUCE GENERAL CONTRACTING, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT | |
| 5. Principal office address PO Box 536 11 Lakeside Dr. | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Wendy Bruce Contact Title: Secretary / Bookkeeper | | | |
| Street Address PO Box 536 11 LAKESIDE DR | | City Hope Valley | State RI |
| | | Zip 02832 | |
| 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 Robert C. Bruce | | Manager Name Wendy Bruce | |
| Street Address same as above | | Street Address same as above | |
| 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 ROBERT C. BRUCE | | Address 11 LAKESIDE DRIVE | |
| Address P.O. BOX 536 | | City HOPE VALLEY | Zip 02832 |

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



* 1 1 4 2 9 2 *

FILED

File Date **SEP 25 2002**

Check No. **By CAA 326**

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.

Robert C. Bruce
Signature of Authorized Person Date

Robert C. Bruce
Print or Type Name of Authorized Person

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 DLLC 114292

Annual Report for the year 2001

1. The name of the limited liability company is:
ROBERT C. BRUCE GENERAL CONTRACTING, LLC
2. The address of the principal office of the limited liability company is:
(11 LAKESIDE DR) BX 536 Hope Valley RI 02832
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: ROBERT C. BRUCE
11 LAKESIDE DRIVE P.O. BOX 536 HOPE VALLEY RI 02832-
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: SAME AS ABOVE
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Construction management
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name | Address |
|-----------------------------------|----------------------|
| <u>Robert C. Bruce</u> | <u>same as above</u> |
| <u>Wendy J. Bruce (secretary)</u> | <u>" " "</u> |

Dated 10-13-01



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.

Robert C. Bruce General Contracting LLC
Exact Name of Limited Liability Company

| | |
|---------------------------------|--------------------|
| FOR SECRETARY OF STATE USE ONLY | |
| File Date: | <u>10-15-01</u> |
| Check No.: | <u>190</u> |
| By: | <u>[Signature]</u> |

By Robert C. Bruce
Owner/Manager
Title

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 obtained by contacting this office at (401) 222-3040.