

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 02'03-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2005

Filing Period: Sept (FORM MUST BE TYPE	ember 1 - November . D OR PRINTED IN BIACK	f • Filing Fee:	\$50.00	A THE TEAT			
I. ID No.	2 Exact name of the lit						
114292		RT C. BRUCE GENERAL CONTRACTING, LLC					
3. State of Formation	1. Brief descri	1. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	CONSTRU	CTION MANAGEMEN	T	n Rhode Island			
5 Principal office addr			City	 _			
11 Lakeside Drive Box 526			14 . 16	State	Zip		
6. MAILING ADDR	ESS OF LIMITED LIA	ア J DQ Bility Company A	Hope va	lley RI	02832		
Comact Name			Gontact Title	TACT PERSON:			
_ Robe	<u>rt C.</u> Bruc	e.					
Sirvet Address			Manage				
11 Lake	eside Dr.			State	7.ip		
		ACER OF THE 1141	Hope Valle TED LIABILITY COMPANY, IF	λ <u>β</u> τ	02832		
	FILL IN 3	PACES REFORE 1151	NG ATTACMMENTS /*V* no	W 500 ATTA	5		
A.	YY MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMEN	X FOR ATTACHMENT	7) U		
Manager Name			Manager Name	· · · · · · · · · · · · · · · · · · ·	. · · · · · · · · · · · · · · · · · · ·		
Rober	t C. Ba	100	l Al 1				
Street Address	1 - 011	<u> </u>	- Wengi	Wendy J. Bruce			
			Street Address	. 7			
City	State	Zip	ll_Lake	side Dr.			
		2.47	City H	State	Zup		
Manager Name	••••••••••••	·····	Ilope vo	110pe Valley RL 02832			
			Manager Name	J			
Street Address			Street Address				
			or control				
Cuy	State	Zip	City				
			•	State	Zip		
B. RESIDENT AGEN	T IN RHODE ISLAND	- DO NOT ALTER -	: Changes require filing of Fo	I rm 642 - R.I.G.1 - 7.1	6.11		
Agent Nume			Address		0-11		
ROBERT C. BRUCE			11 LAKESIDE DRIVE				
Address					T		
P.O. BOX 536			1 .	Cuy Zip			
			HOPE VALLEY		02832-		

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

File Dase	9/21/05 114292	7			
Check No.	700				
By:	<i>A</i> }				
	FOR SECRETARY OF STATE USE ONLY				

•	
Under penalty of perjury, I declare and affirm that I have examiningluding any accompanying schedules and statements, and that a compliant having any accompanies.	ed this report ill statements
contained herein are true and correct.	

Robert C. Bruce
Signature of Authorized Person Date

Robert C. Bruc

Form 632 Rev. 7/03



STATE OF RHODE ISLAND AND PROPERTY PLANTAGIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dir* 6;-100 North Main 3, rect Providence, RI 02903-1335

ovidence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2004

Filing Period: Septem (FORM MUST RE TYPE)	iber 1 OR PRINT	November 1 • TED IN BLACK)	Filing Fee: \$50.00	7		1 2/11		
1. 112 No. 114292	2. Exact	2. Exact name of the limited Hability company ROBERT C. BRUCE GENERAL CONTRACTING, LLC						
3 State of Formation RHODE ISLAND Brief description of the character of the Inistin			e character of the hustness wh	oleh is actually conducted in Ri	hode Island	i		
5. Principal office address POBOX 536 11 Lakeside Dr.				Hope Valley		State	 Ri	^{2φ}
	•	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTAC	j It perso		ZT.	02832
Ro	oer+	C. Bruce		Mana ce	c /	Owne	0	
Sinai Addinis	sam			City	/	State	4	Zip
ANY		FILL IN SPACES	BEFORE USING ATTAC	: ILITY COMPANY, IF AP CHMENTS ("X" BOX I ING OF AMENDMENT,	COD ATT	A ~ 1200 ~	r) 🔲 a) (2) / 7-1	6-52
Manuger Name Robe		C. Bruce		Manuger Name Wendu	J.	Bru	c. e .	•
City	Şaı		boue	Sinvei Address Sam	೬ ೧:	abo	ue.	
		State	Ζip	City		State		Zip
Manager Name				Manager Name		**********	• • • • • • • • • • • • • • • • • • • •	J
Street Address				Street Address			_	
City		State	Zip	City		State		Zip
8. RESIDENT AGENT	JN RHO	DE ISLAND - DO N	OT ALTER - Changes	: require filing of Form Address	642 - R	.I.G.L. 7-1	6-11	ľ
ROBERT C. BRUCE				11 LAKESIDE DRIVE				
P.O. BOX 536			City Zip HOPE VALLEY 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 *
File Date	9/15/04
Check No.	588
By:	DA

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. Brue 9.12.64
Signature of Authorized Person Date

Robert C. Bruce

Print or Type Name of Authorized Person



STATE OF RELODE ISLAND AND PROVIDENCE PLANTATIONS Office of the secretary of State

Matthew A. Brown, Secretary of State

Corp rations Decision 100 North Mein Street Providence, Rt 02903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2003

CFORM MUST BE TYPE	ED OR PRINTED IN BIACK)					
T IID No		2 Inact same of the limited turbiity company				
114292		ROBERT C. BRUCE GENERAL CONTRACTING, LLC				
E State of Formation			business winch is actually conducted	l in Rhode Island		
RHODE ISLAND	CONSTRUCT	TION MANAGEMENT				
Box 536 6. MAILING ADDR	Lakeside RESS OF LIMITED LIABI		ND NAME OR TITLE OF CON	alley RI	CZ832	
Street Endress	bert C E	3ruce	Conact title	2300es		
50	ame as ab	010	City	State	Zg	
	FILL IN SPA	ACES BEFORE HSIN	FED LIABILITY COMPANY, IF NG ATTACHMENTS - ("X" BO UIRES FILING OF AMENDME	AV 5AB 47745	r) [] a) (2) / 7-16-52	
Sheet Addies, Sheet Addies	y J. Br.	uce.	Manager Name Robert Street Address	C. Bru	oce	
Jame Jame	as above	Zp	Same		ve	
Manager Name			Manager Name	State	Zτρ	
Street Address			Street Address			
Cuy	State	Zip	Cuy	State	Zip	
8. RESIDENT AGEN Agent Name ROBERT C. BRUCE	IT IN RHODE ISLAND	DO NOT ALTER - (Changes require filing of Fo		 6-11	
Address P.O. BOX 536			HOPE VALLEY	$1 \rightarrow 1 \rightarrow$		

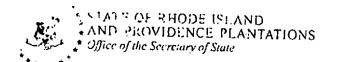
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 1 4 2/ 9 2 *
File Date 1128 03
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 10-13-03
Signature of Authorized Person Date

Robert C. Bruce



Europe S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

r uing rerioa: Se _l (FORM MUST BE T. 1. ID No.	ptember 1 - November 1 ◆ YPED OR PRINTED IN BLACK) 2. Exact name of the limited lic		.00		
114292	ROBERT C. BRUCE GENE		NG LLC		<u>-</u>
3. State of Formation RHODE ISLAND	4. Brief description of	the character of the i	husiness which is actually conducted in k	hode Island	
PO Box 5	1dress 36_ Lakeside DRESS OF LIMITED LIAB	_Dr.	Hope Valley	State	^{Zip} 02832
Contact Name WEN		ICITY COMPA	Contact Title		DN:
treet Address			Secretary B	State	Zip
1080x 53	6 1 LAKESIDE	DR	· Home Valley	0~	02832
unager Name	ANY MODIFICATIONS TO MA	BLFORE USING	ITED LIABILITY COMPANY, ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT. R.I.G. *Manager Name	ATTACUMENT	6-52
Rober Ireel Address	rt C. Bruce		· Street Address	Bruce	
	ne as above		•	sabore	
iņ — —	State	Zip	City	State	Zip
fanager Name		J	Manager Name	.]	
rees Address			• Sireei Addross		
ίγ.	State	Zip	·City	State	IZ(a
<u> </u>			•		Zip
RESIDENT AGE	NT IN RHODE ISLAND -DO	VOT ALTER- Cha	nges require filing of Form	642 - R.I.G.L. 7-16-11	
ROBERT C. BRUCE			Address		
dress	·		11 LAKESIDE DRIVE	Zip	
P.O. BOX 536			HOPE VALLEY		20
				028	32-
is report must b	e signed in ink-by an autho	rized person pu	rsuant 10 7-16-66.		
ile Daie	* 1 1 4 2 9 2 FILED SEP 2 5 2002	ill! *	Under penalty of perjury, this report, including any and that all statements con Signature of Authorized Pers	accompanying scheduntained herein are truc	les and statements, and correct.
<u>;</u>	STATE USE ONLY	26	Print or Type Name of Author	Bruce	ale



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

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ID	Number	DLLC	114292
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Annual Report for the year 2001

		- 1111661	Report for the year 2001
1.	The name of the limited liability com	ıy is:	
	ROBERT C. BRUCE GENERAL CO		
2.	The man ago of the buildhal diffee of	e limited liability company is:	
	(ILLAKESIDE OR) P	536 Hope Valley	RI 02832
3.	The state or other jurisdiction under	د laws of which it is formed is <u>F</u>	HODE ISLAND
4.	The name and address of its resider		
	11 LAKESIDE DRIVE P.O. BOX 536	PE VALLEY RI 02832-	
5.	The current mailing address of the li	ed liability company and the na	me or title of a person to whom communications
	may be directed are: SRME A	ABOUE	
6.	A brief statement of the character of	ne business in which the limit	ed liability company is actually engaged in this
	state: <u>construction</u>	lanagement	
7.			f each manager of the limited liability company Address
	Robert C. Bruce	same as	abale
	Wearly J. Bruce (secreto	-) - " "	Al
Date	ed 10-13-01	Under penalty of perjury,	I declare and affirm that I have examined this
	8 1 1/ 88 1 11 8 14 6 1818 14818 18448 118	report including any ac	companying schedules and statements, and ed herein are true and correct.
		_	peneral Contracting LLC of Limited Liability Company
			
File I	OR SECRETARY OF STATE USE ONLY Date: 10-15-01	By Robert C. Z	Druce
Checi	k No.: 190	By Robert C. Z.	acer
By:	Ze		Form No. 632 Revised 01/99
			