

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Filing Period: September 1 - November 1

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Fee: \$50.00

2005

FORM MUST BE TYPED	OR PRINT	TED IN BIACK)					
1. ID No	2. Exact	2. Exact name of the limited liability company					
100897	DA.C	D.A. Curcl Builders, LLC					
3. State of Formation		4. Brief description of the	character of the hustness whi	ch is actually conducted in Rhode Island	d		
RHODE ISLAND		HOUSING CONSTR	RUCTION				
5. Principal office address				City	State		Zip
739 Middlebri	dge Ro	ad		South Kingstown	RI		02879
6. MAILING ADDRE	SS OF L	MITED LIABILITY O	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		1
Contact Name				Contact Title			
Dennis A. Cur	ci			Member			
Street Address				City	State		Zip
739 Middlebri	dge Ro	ad		South Kingstown	RJ		02879
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE		, ,
		FILL IN SPACES I	BEFORE USING ATTAC	HMENTS ("X" BOX FOR AT	TACHMENT,		
AN	Y MODII	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.L	. 7·16·12 (a) (2) / 7-16	-52
Manager Name				Manager Name			
no managers							
Street Address				Street Address			
City		State	Zip	City	State		Zip
				*			
Manager Name				Manager Name	•	••••••	*.*
Street Address				Sinvi Address			
					,		
City		State	Z/p	: Clly	State		Z(p
 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes :							l <u></u>
Agent Name	1 10 600	ODE ISLAND - DO N	OI ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	b-11	
				Yaara			
DANIEL STONE, ESQ	·						
Address			City				
260 WEST EXCHANGE STREET, SUITE 305-2			PROVIDENCE 02903				

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

] []	
	100897	
File Date	9/14/05	
Check No	14215	_
Вуг)m	_
POR	CRETARY 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.

Dennis A. Curci, Authorized Person

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 199 North Main Street Providence, RI 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004_____

(FORM MUST BE TY	PED OR PRINT		Flung ree. 350	. UU				
1 ID No	2 Exact)	2 Exact name of the limited inability company						
100897		ırci Builders.						
3 State of Formation	3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island					*		
RHODE ISLAN	·- I	HOUSING	CONSTRUCTION					
5 Principal office at			<u> </u>	Gui	State	Ţ	Ζφ	
739 Middlel	_			South Kingstown	RI	OL OL	2879	
	DRESS OF LI	MITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTACT	PERSON:	·		
Dennis A. C	Curci			Gontact Title Member				
Street Address 739 Middlel	 bridge Roa	 d		South Kingstown	State RI	d.	2879	
7. NAME AND A	DDRESS OF	EACH MANA	GER OF THE LIMITE	: D LIABILITY COMPANY, IF APP	I LICABLE	1		
		FILL IN SI	PACES BEFORE USING	G ATTACHMENTS ("X" BOX FO	OR ATTACHMEN	r) 🗆 -		
	ANY MODIF	ICATIONS T	O MANAGERS REQUI	RES FILING OF AMENDMENT, R	l.I.G.L. 7-16-12	(a) $(2) / 7-16-$	52	
Manager Name				Manager Name				
no manager:	<u>s</u>			:				
Street Address				Street Address	Street Address			
				<u>:</u>				
City		State	Zıp	City	State		Zip	
	l.	•••••		•••••••••••••••••••••••••••••••••••••••		J	*****************	
Manager Name				Manager Name				
Street Address	-	.		Street Address	<u>_</u>	· · · · · · · · · · · · · · · · · · ·		
City		Stale	Zφ	City	State		Zψ	
8 DESIDENT A	CENT IN DUC	AND ICLASON	DO NOT ALTER O					
Agent Name	orat ia kne	DE ISLAND	- DO NOT ALTER - C	hanges require filing of Form	642 - R.I.G.L. 7	16-11		
.,				Hauress				
DANIEL STONE	<u>.</u>		· <u>.</u>				<u> </u>	
Address				Cuv	City			
260 WEST EXCHANGE STREET, SUITE 305-2				PROVIDENCE	PROVIDENCE 02903			
						_ 		

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

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 1							7

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

Dennis A. Curci, Authorized Person

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

2003

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filling Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 Exact name of the limited liability company 1. II) No. 100897 D.A. Curci Builders, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island HOUSING CONSTRUCTION **RHODE ISLAND** 5 Principal office address
733 Middlebridge Road South Kingstown 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY, AND NAME OR TITLE OF CONTACT PERSON: Contact Title Member Dennis A. Curci 733 Middlebridge Road South Kingstown 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 Manager Name no managers Street Address Street Address State Ζψ Manager Name Street Address Street Address City City Z.Ip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name **DANIEL STONE** Address Zip 260 WEST EXCHANGE STREET, SUITE 305-2 **PROVIDENCE** 02903

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

	* 1 0 0 8 9 7	*
File Date _	9.24.03	

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.

Signature of Authorized Person

Dennis A. Curci, Authorized Person

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 100897 D.A. Curci Builders, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island HOUSING CONSTRUCTION **RHODE ISLAND** 5. Principal office address
733 Middlebridge Road City South Kingstown State *Zip* 02879 RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Dennis A. Curci Contact Title Member Street Address 733 Middlebridge Road 02879 ·South Kingstown Şar K1 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 · Manager Name no managers Street Address * Street Address City State Zip State *City Zip Manager Name Manager Name Street Address ·Street Address City State .Cirv 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 Address **DANIEL STONE** Address City Zip 260 WEST EXCHANGE STREET, SUITE 305-2 **PROVIDENCE** 02903

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



File Date	9-4-02	
Check No.	12503	
Ву:	<u>a</u>	
FOR SECR	ETARY 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

Member
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 100897	Annual Report for the year 2001	
1.	The name of the limited liability compa	any is:	
	D.A. Curci Builders, LLC		
2.	The address of the principal office of t		
	739 Middlebridge Road,	South Kingstown, RI 02879-7150	
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND	
4. The name and address of its resident agent is: DANIEL STONE			
	SUITE 305-2 260 WEST EXCHANGE	STREET PROVIDENCE RI 02903	
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications	
	may be directed are: D.A. C	urci Builders, LLC, 739 Middlebridge Road,	
	South Kingtown, RI 028	79-7150; Attn: Dennis A. Curci	
6.	A brief statement of the character of state: housing constructions	f the business in which the limited liability company is actually engaged in this	
7.	<u> </u>	nagers, the name and address of each manager of the limited liability company Address	
	no managers		
D-	9/7/0/		
Da	nted <u>7/ </u>	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.	
		D.A. Curci Builders, LLC	
	100897	Exact Name of Limited Liability Company	
File	FOR SECRETARY OF STATE USE ONLY Date: (1-13-01	By A	
Che	eck No.: 5799	Member Title	
D.,,		Form No. 632	

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 100897

Annual Report for the year 2000

1.	The name of the limited liability comp					
1.	D.A. Curci Builders, LLC	Daily is.				
2.	The address of the principal office of the limited liability company is: 739 Middlebridge Road, South Kingstown, RI 02879-7150					
3.	The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND				
4.	The name and address of its residen	tagentis: DANIEL STONE				
	SUITE 305-2 260 WEST EXCHANG	E STREET PROVIDENCE RI 02903				
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications				
	may be directed are: D.A. Curci	i Builders, LLC, 739 Middlebridge Road, South Kingstown, RI				
	_02879-7150					
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this				
	state: Housing construction					
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company **Address**				
	no managers					
Da	ted September 15, 2000	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. D.A. Curci Builders L.L.C.				
	1 0 0 6 9 7	Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date:	Ву				
Che	ck No.:	Member Title				
D	<i>i</i> · <i>C</i> · ·	Form No. 632				

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Revised 01/99



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

	LIIV	ILLED LIABILITY CONFANT
ID	Number <u>LL 100897</u>	Annual Report for the year 1999
1.	The name of the limited liability company	is:
	D.A. Curci Builders, LLC	
2.	The address of the principal office of the I	imited liability company is:
	739 Middlebridge Road, So	uth Kingstown, RI 02879-7150
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	ent is: DANIEL STONE	
	SUITE 305-2 260 WEST EXCHANGE ST	REET PROVIDENCE, RI 02903
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:	D.A. Curci Builders, LLC, 739
	Middlebridge Road, South	
 7. 	state: housing construction of the limited liability company has manage	ers, the name and address of each manager of the limited liability company
	Name no managers	Address
Dai	ted	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. D.A. Curci Builders, ILC Exact Name of Limited Liability Company
ile	FOR SECRETARY OF STATE USE ONLY Date: 4-24-99 ck No.: 5424	Member Title
	4	Form No. 632