



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

## Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

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FOR SECRETARY OF STATE

|                                                                                                                                                                                                             |  |                                                                                                                           |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>001658706</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>Advanced Site Management LLC</b>                                     |                         |                     |
| 3. NAICS Code<br><b>23321</b>                                                                                                                                                                               |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Construction Sand and Gravel Mining</b> |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |  |                                                                                                                           |                         |                     |
| 6. Principal Office Address<br><b>37 Bridgeton Road</b>                                                                                                                                                     |  | City<br><b>Cranston</b>                                                                                                   | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                           |                         |                     |
| Contact Name<br><b>Dean Brady</b>                                                                                                                                                                           |  | Contact Title<br><b>Member</b>                                                                                            |                         |                     |
| Street Address<br><b>37 Bridgeton Road</b>                                                                                                                                                                  |  | City<br><b>Cranston</b>                                                                                                   | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                                           |                         |                     |
| <i>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.</i> |  |                                                                                                                           |                         |                     |
| Name of Authorized Person<br><b>Dean Brady</b>                                                                                                                                                              |  |                                                                                                                           | Date<br><b>3/9/2025</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                                                           |                         |                     |

## MAIL TO:

Division of Business Services

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