

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.	2. Exact name of the lim	t name of the limited liability company				
139610	P & D Constr	D Construction, LLC				
3. State of Formation	4. Brief descrip	tion of the character of the	business which is actually conducted in	Rhode Island		
Rhode Island Construction of Build			ing homes, etc.			
5. Principal office address			City'	State	Zip	
94 School Land Woods Road			Exeter	RI	02822	
6. MAILING ADDRE Contact Name	SS OF LIMITED LIAI	BILITY COMPANY AN	ND NAME OR TITLE OF CONTA	ACT PERSON:		
R. David Lajoie			Member	Member		
Street Address	-		City	State	Zip	
Same as abov	re		:			
FILL IN SPACES BEFORE USING  Manager Name			ING ATTACHMENTS (*X* BO)  Manager Name	LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ATTACHMENTS (*X* BOX FOR ATTACHMENT)   Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manayer Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			ro, Jr., Esq., 1551 of State. Changes require filing			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	139610
File Date 10-6-09	9
Check No	
By: MM	<u></u>
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

9-9-09 Date

R. David Lajoie, Member

Print or Type Name of Authorized Person