

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

06-14-2005 90084 002 ****50.00

30010474



DOCUMENT # L04000094214 1. Entity Name BROWNSTONE CONSTRUCTION LLC						
Principal Place of Business 1140 RESERVOIR AVENUE CRANSTON, RI 02920			Mailing Address 1140 RESERVOIR AVENUE CRANSTON, RI 02920			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02062005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For ☒ \$5.00 Additional Fee Required		
SIGNATURE				DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	PROCACCIANTI, ELIZABETH			NAME		
STREET ADDRESS	1140 RESERVOIR AVENUE			STREET ADDRESS		
CITY- ST- ZIP	CRANSTON, RI 02920			CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered trustee authorized to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE:						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						
Date: _____ Daytime Phone #: _____						