

148 W. Rwer Street Providence, RI 02904-2615

2007

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.		act name of the lim'ted liability company							
128870		HEATING, LLC							
3. State of Formation FLORIDA		4. Brief description of the SALES ACTIVITY	character of the business whi	ch is actually conducted in Rhode Island	i				
5. Principal office address				City	State		Zip		
2701 Industrial Drive				BowlingGreen	Ky		42101		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		•		
Angela Aldridge				Director of Financial Reporting					
Street Address				City	State	"''''	Zip		
2701 Industrial Dr				Bowling Green	Ky		42101		
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE LIMITED LIANI	LITY COMPANY, III APPERCAN	LE DO N	OT LIST	MEMBERS		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS. STATE BOX FOR ATTACHMENT)									
Manager Name				Manager Name					
9:		·							
Street Address				Street Address					
City		State	Zip	City	State		Zip		
Manager Name				Manager Name					
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Street Address				Street Address					
- 18 :									
City		State	Zip	City	State		Zip		
8. RESIDENT AGENT	IN RHO	ODE ISLAND - DON	Of ALTER Changes	require filling of lines (42)		Negrota de la composição			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name CT CORPORATION SYSTEM				Address					
Address 10 WEYBOSSET STREET				City PROVIDENCE	Zip 02903-				
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED	
Check No.	OCT 22 2007	9 (**) 1 20 (**) 1 20 (**) 1
<i>By:</i>	By 168475	\$ 100000 \$1000 \$1
1	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

angla P. aldride	19807	
Signature of Authorized Person ()	Date	
Angela Aldridge		
Angela Aldridge Director of Financial	Reporting	
Print or Type Name of Authorized Pe	erson'	