RI SOS Filing Number: 200703292120 Date: 10/29/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2007

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.	2. Exact name of the limited liability company		
153579	OMNI ELECTRICAL CONTRACTING LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	ELECTRICAL SERVICES		
5. Principal office address	City	State	Zip
1140 BROAD ROCK ROAD	SOUTH KINGSTOWN	RI	02879

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
WILLIAM BEAUCHAMP			
Street Address	City	State	Zip
1140 BROAD ROCK ROAD	SOUTH KINGSTOWN	RI	02879

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
N/A	
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / 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	
EDWARD AVARISTA ESQ		
Address	City	Zip
240 CHESTNUT STREET	WARWICK RI	02888

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

[redacted] 153579 [redacted]

File Date	FILED
Check No.	OCT 29 2007
By:	By 1279 KM

FOR SECRETARY OF STATE USE ONLY
16187-43-199070

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.

/s/ William Beauchamp 10-24-07
Signature of Authorized Person *Date*

[redacted] WILLIAM BEAUCHAMP
Print or Type Name of Authorized Person

Form 632 Rev. 07/07