

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 2008

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 limite	2. Exact name of the limited liability company				
160906	EUROTECH CI	EUROTECH CLIMATE SYSTEMS, LLC				
3. State of Formation	4. Brief descripti	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND HV/AC SYSTEMS						
5. Principal office address		City	State	Zip		
310 Barton Street			Pawtucket	RI	02861	
6. MAILING ADDE	RESS OF LIMITED LIAB	ILITY COMPANY AN	ND NAME OR TITLE OF CONTACT	PERSON:		
Contact Name			:	Contact Title		
EMIDIO MONTEIRO			MANAGER			
Street Address			City	State	Zip	
310 Barton Street			Pawtucket	RI	02861	
			•	R ATTACHMENT)		
7. NAME AND AD Manager Name				R ATTACHMENT)		
			SING ATTACHMENTS ("X" BOX FO	R ATTACHMENT)		
Manager Name Street Address	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX FO  Manager Name  Street Address	R ATTACHMENT)	Zip	
Manager Name			SING ATTACHMENTS ("X" BOX FO  Manager Name	R ATTACHMENT)		
Manager Name Street Address	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX FO  Manager Name  Street Address	R ATTACHMENT)		
Manager Name Street Address City	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX FO  Manager Name  Street Address  City	R ATTACHMENT)		
Manager Name Street Address City Manager Name	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX FO  Manager Name  Street Address  City  Manager Name	R ATTACHMENT)		
Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	Street Address  City  Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	

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 10 2008
Ву:	By 216
	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 corregt.

Signature of Authorized Person

Date

EMIDIO MONTEIRO, MANAGER

Print or Type Name of Authorized Person