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 2009

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		
108721	BUILDING AUTOMATION SYSTEMS, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	CONSULTING AND DESIGN FOR HEATING, VENTILATION FOR BUILDING ENVIRONMENTS		
5. Principal office address	City	State	Zip
105 CROWN AVENUE	EAST PROVIDENCE	RI	02915

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

Contact Name	Contact Title		
WILLIAM F CUOMO			
Street Address	City	State	Zip
105 CROWN AVENUE	EAST PROVIDENCE	RI	02915

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		
WILLIAM F CUOMO					
Street Address			Street Address		
105 CROWN AVENUE					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915			
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	
DAVID DIPALMA, ESQ.		
Address	City	Zip
138 WARREN AVENUE	EAST PROVIDENCE, RI	02914

FILED
SEP 22 2009
By

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

29-99394

[redacted] 108721 [redacted]

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.

X [signature] 9-7-2009
Signature of Authorized Person *Date*

[redacted]

WILLIAM F CUOMO
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07