



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

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

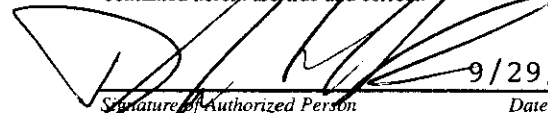
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 162860		2. Exact name of the limited liability company Optima Service Solutions, LLC	
3. State of Formation Georgia		4. Brief description of the character of the business which is actually conducted in Rhode Island Installation of direct replacement appliances	
5. Principal office address 1350 North Meadow Pkwy Suite 130		City Roswell	State GA
		Zip 30076	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David C. Gordon		Contact Title Director	
Street Address 10800 Alpharetta Hwy. Suite 208-509		City Roswell	State GA
		Zip 30076	
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 David C. Gordon		Manager Name	
Street Address 10800 Alpharetta Hwy. Suite 208-509		Street Address	
City Roswell	State GA	City	State
Zip 30076		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

FILED
File Date OCT 02 2009
Check No.
By 20521
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.


Signature of Authorized Person
Date
9/29/09

David C. Gordon
Print or Type Name of Authorized Person