

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\* - 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

1. 10 No. 132777		ract name of the limited liability company nk DiMaio Heating, LLC				
3. State of Formation 4. Brief description of the character of the busin To provide heating services			iness which is actually conducted in Rhode Island			
5. Principal office address 215 Burdick Drive			City Cranston	State RI	Zip 02920	
6. MAILING ADD Contact Name Frank J. DiMaid		BILITY COMPANY ANI	O NAME OR TITLE OF CONTA Contact Title Manager	CT PERSON:	'	
Street Address 215 Burdick Drive			City Cranston	State RI	Zip 02920	
7. NAME AND AI Manager Name Frank J. DiMaio	FILL IN	AGER OF THE LIMITE SPACES BEFORE USI	D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BOX  Manager Name  Linda L. DiMaio	PPLICABLE - <u>DO NO</u> T FOR ATTACHMENT)	LIST MEMBERS	
Street Address 215 Burdick Dri	ve	, r 110	Street Address 215 Burdick Drive		A M Married Control	
City:	State	Zip	City	State	Zip	
Cranston         RI         02920           Manager Name         NONE			Cranston   RI     02920			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND s currently of record in the		ef State. Changes require filing of	 of Form 642 - R.I.G.L. 7-1	  6-11	

FILED					
OCT 1 5 2009					
By 101334					

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

2009 OCT 15	SECRETARY OF ST CORPORATIONS D
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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.

Frank J. DiMaio, Jr., Member

Print or Type Name of Authorized Person

File Date Check No. \_ FOR SECRETARY OF STATE USE ONLY