



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 2010

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 108721		2. Exact name of the limited liability company BUILDING AUTOMATION SYSTEMS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING AND DESIGN FOR HEATING, VENTILATION FOR BUILDING ENVIRONMENTS	
5. Principal office address 105 CROWN AVENUE		City EAST PROVIDENCE	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM F CUOMO		Contact Title	
Street Address 105 CROWN AVENUE		City EAST PROVIDENCE	State RI
		Zip 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) <input type="checkbox"/>			
Manager Name WILLIAM F CUOMO		Manager Name	
Street Address 105 CROWN AVENUE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE
			State RI
			Zip 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 DAVID DIPALMA, ESQ.		Address	
Address 138 WARREN AVENUE		City EAST PROVIDENCE, RI	Zip 02914

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

108721

File Date	FILED
Check No.	OCT 04 2010
By:	By: [Signature]
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] **9-17-2010**
Signature of Authorized Person Date

WILLIAM F CUOMO

Print or Type Name of Authorized Person