



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 2011

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. 000146889		2. Exact name of the limited liability company Strategic Building Solutions, LLC			
3. State of Formation CT		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting to Institutions			
5. Principal office address 135 New Road			City Madison	State CT	Zip 06443
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sharon Garfi			Contact Title Finance Manager		
Street Address 135 New Road			City Madison	State CT	Zip 06443
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 AUG - 2 AM 11:05

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

000146889 FILED 11:05
AUG 02 2011

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

By: *[Signature]*
149588

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] Date 8/1/11
Signature of Authorized Person

Jonathan Winikur
Print or Type Name of Authorized Person