



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.**

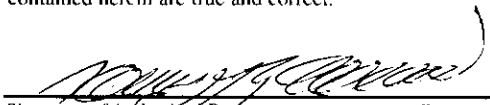
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 536228		2. Exact name of the limited liability company Northeast Lightning Protection, LLC			
3. State of Formation Wyoming		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales and installation of lightning protection systems			
5. Principal office address 575 South Willow, P.O. Box 1226		City Jackson		State WY	Zip 83001
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James G. Barnard		Contact Title Manager			
Street Address 10 Peters Road		City Bloomfield		State CT	Zip 06002
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 James G. Barnard		Manager Name			
Street Address 10 Peters Road		Street Address			
City Bloomfield	State CT	Zip 06002	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					

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

536228

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 **8-26-2011**
James G. Barnard, Manager
Print or Type Name of Authorized Person

FILED	
File Date	SEP 07 2011
Check No.	17225
By: BY	
FOR SECRETARY OF STATE USE ONLY	