

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

. Entity ID No.		e of the limited liabil	ity company			
442167	GEA Part	a, LLU				
. State of Formation	4. Brief descr	iption of the charact	ter of business conducted in Rhode	Island		
Delaware	Distributi	Distribution of Appliance Parts				
5. Principal office address 1251 Port Road			City Jeffersonville	State IN	^{Zip} 47130	
MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT PE	RSON:		
Contact Name Barbara A. Cameron			Contact Title VP/Asst. Treasurer			
Street Address PO Box 2216			City Schenectady	State NY	Zip 12301-2216	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACE	(NAMES AND ADD IMENT) []	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF			
1 Nomo			Manager Name			
/lanager Name	<u> </u>	-	Manager Name			
			Manager Name Street Address	<u></u>		
Street Address	State	Zip		State	Zip	
Street Address City	State	Zip	Street Address	State	Zip	
Street Address City Manager Name	State	Zip	Street Address City	State	Zip	
Manager Name Street Address City Manager Name Street Address City	State	Zip	Street Address City Manager Name	State	Zip	
Street Address City Manager Name Street Address City 8. RESIDENT AGENT IN	State RHODE ISLAND	Zip	Street Address City Manager Name Street Address	State		

FILED

SEP 04 2012

File Date Check No FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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

8-28-12 Date

Barbara A. Cameron

Print or Type Name of Authorized Person