

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

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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.

| 1. Entity ID No. 109322 | 2. Exact name of the limited liability company Don Jestings & Sons, L.L.C. | | | | | |
|--|--|-----------------------|--|------------------------|------------------|--|
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island Electrical services and supplies. | | | | | |
| Rhode Island | Liectrica | i sei vices affu su | pplies. | | | |
| 5. Principal office address 103 Forest Avenue | | | City Middletown | State RI | Zip 02842 | |
| 5 MAILING/ADDRESS OF LIMI | TED LIABILIT | Y COMPANYAND NA | 27. Harris Carlo Car | ERSON: | | |
| Contact Name Donald P. Jestings | | | Contact Title Manager | | | |
| Street Address 103 Forest Avenue | | | City Middletown | State Ri | Zip 02842 | |
| 7. LIST <u>ALL</u> MANAGERS (NAM # (FX' BOX FOR ATTACHMEN | | RESSES) OF THE LIN | AITED LIABILITY COMPANY, IF | APPLICABLE - <u>Do</u> | NOT LIST MEMBERS | |
| Manager Name Donald P. Jestings | | | Manager Name | | | |
| Street Address 103 Forest Avenue | | | Street Address | | | |
| City Middletown | State RI | Zip 02842 | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN RHOD | E ISLAND 🐇 | | 的数据学型数数数据表示 数 | agrenter garine | | |
| This information is currently o | record in the | Office of the Secreta | ary of State, Changes require f | iling Form 642. | | |

FILED

SEP 04 2012

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

| Under penalty of perjury, I declare and affirm ti | hat i have examined | | | | |
|--|-----------------------|--|--|--|--|
| this report, including any accompanying sched | dules and statements, | | | | |
| and that all statements contained herein are true and correct. | | | | | |
| Donaldlan Vestings | 8-242012 | | | | |
| Signature of Authorized Person | Date | | | | |

DONALD PAUL JEST TWGS
Print or Type Name of Authorized Person