

## 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.

1. Entity ID No. 539998	2 Exact name of the limited liability company Atlas Fire Protection, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Consulting				
5. Principal office address One Ship Street			City <b>Providence</b>	State RI	Zip 02903
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	
Contact Name Harry Angevine			Contact Title		
Street Address 10 Dorrance Street			City Providence	State RI	Zip <b>02903</b>
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND AD)	DRESSES) OF THE	LIMITED LIABILITY COMPANY, II	APPLICABLE - DO	NOT LIST MEMBERS
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
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B. RESIDENT AGENT IN R	HODE ISLAND	HE STEEL			

**FILED** 

NOV 21 2012

File Date \_\_\_\_\_\_\_
Check No \_\_\_\_\_\_

By: \_\_\_\_\_\_
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 Under penalty of perjury, declare and affirm that I have examined this report, in larging any accompanying schedules and statements, and that all statements contained berein are true and correct.

Signature of Authorized Person

Harry Angevine

Print or Type Name of Authorized Person