



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2013

**1. ID No.** 000654182

**2. Exact Name of the Limited Liability Company** Carrier Enterprise Northeast, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

DISTRIBUTION OF HVAC UNITS, SUPPLIES AND PARTS

**5. Principal Office Address**

No. and Street: 450 WEST 33RD STREET  
2ND FLOOR

City or Town: NEW YORK State: NY Zip: 10001 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 2665 SOUTH BAYSHORE DRIVE  
SUITE 901

City or Town: COCONUT GROVE State: FL Zip: 33133 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BARRY LOGAN	2665 SOUTH BAYSHORE DRIVE SUITE 901 COCONUT GROVE, FL 33133 USA
MANAGER	STEPHEN RUSH	2665 SOUTH BAYSHORE DRIVE SUITE 901 COCONUT GROVE, FL 33133 USA
MANAGER	PAUL JOHNSTON	2665 SOUTH BAYSHORE DRIVE SUITE 901 COCONUT GROVE, FL 33133 USA
MANAGER	ROBERT MCDONOUGH	6500 NEW VENTURE GEAR DRIVE SUITE 225

		EAST SYRACUSE, NY 13057 USA
MANAGER	JACQUES BORIES	6500 NEEW VENTURE GEAR DRIVE SUITE 225 EAST SYRACUSE , NY 13057 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 9 Day of August, 2013 at 11:39:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EFY DISTEFANO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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