



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 **2013**

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. 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 business 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. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name James G. Barnard | | Manager Name John L. Barnard, Jr. | | | |
| Street Address 10 Peters Road | | Street Address 10 Peters Road | | | |
| City Bloomfield | State CT | Zip 06002 | City Bloomfield | State CT | Zip 06002 |
| 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 Form 642. | | | | | |

FILED

SEP 18 2013

By *[Signature]*
CH #16227

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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] *9-12-13*
 Signature of Authorized Person Date

James G. Barnard, Manager

Print or Type Name of Authorized Person