



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 *mmc*

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.

James G. Barnard
Signature of Authorized Person

9-12-13
Date

James G. Barnard, Manager

Print or Type Name of Authorized Person