RI SOS Filing Number: 201446535330 Date: 09/22/2014 4:00 PM

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 2014

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.	2. Exact name of the limited liability company
137287	A TRADITIONAL SWEEP, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHIMNEY SWEEPING AND REPAIRS

5. Principal office address	City	State	Zip
72 VIKING DRIVE	PORTSMOUTH	RI	02871

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF NEW OR CONTACT PERSON

Contact Name	Contact Title
RICHARD RUA	MEMBER

Street Address	City	State	Zip
72 VIKING DRIVE	PORTSMOUTH	RI	02871

7. LIST ALL MANAGERS' NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS.
CHECK BOX FOR ATTACHMENT ☐

Manager Name	Street Address	City	State	Zip
N/A				
N/A				
N/A				
N/A				

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 22 2014

BY 5642

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 of Authorized Person — Date: 9.20.14

RICHARD RUA, MEMBER
Print or Type Name of Authorized Person

File Date:
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

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