

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. 160865	2. Exact na Janton I	2. Exact name of the limited liability company Janton Electrical Contractors				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Electrical contractors				
5. Principal office address 6 Highland Street			City West Warwick	State RI	Zip 02893	
	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:		
Contact Name Joseph Henry Janton IV			Contact Title Manager			
Street Address 6 Highland Street			City West Warwick	State RI	Zip 02893	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF /	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Joseph Henry Janton IV			Manager Name			
Street Address 6 Highland Street			Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R						
This information is curren	tly of record in the	e Office of the Secret	ary of State. Changes require fili	ng Form 642.	· · · · · · · · · · · · · · · · · · ·	

FILED

SEP 2 2 2014

	BY_2400		
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.		
ne date	and that all statements contained herein are true and correct.		
Check No	1 / en/ is 1 For 11/ 9/19/10		
	Signature of Authorized Person Date		
OR SECRETARY OF STATE USE ONLY	Joseph Henry Janton IV		
ON OLONDIANT OF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012