

## STATE OF RHODE ISL ..ID 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. 145878		2. Exact name of the limited liability company MEYER ELECTRIC, LLC				
3. State of Formation	1	Brief description of the character of business conducted in Rhode Island     Electrical Contracting				
5. Principal office address 144 Candlewood Drive			City North Kingstown	State RI	Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Karen A. Meyer			AME OR TITLE OF CONTACT PERSON:  Contact Title  Member			
Street Address 144 Candlewood Drive			City North Kingstown	State RI	Zip <b>02852</b>	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACH	NAMES AND ADE	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF AP	PLICABLE - DO	Note Astemen Bers	
Manager Name Karen A. Meyer			Manager Name NONE			
Street Address 144 Candlewood Driv	/e		Street Address		- Made and an analysis of the second analysis of the second analysis of the second and an analys	
City North Kingstown	State RI	Zip <b>02852</b>	City	State	Zip	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RH		rapesus and asset in the		ang san ang pangganan Sanggan		
This information is currently	y of record in the	Office of the Secret	ary of State. Changes require filing	Form 642,		

FILED

OCT 2 0 2014

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 hefein are true and correct.

Signature of Authorized Person

Karen A. Meyer

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012