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 2015

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		
122046	Pearson Furling Service LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Mechanical Repairs		
5. Principal office address: 14 Backstay st.	City: Jamestown	State: R.I.	Zip: 02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Eric Pearson	Contact Title: Owner		
Street Address: 14 Backstay ST	City: Jamestown	State: R.I.	Zip: 02835
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name: Eric Pearson	Manager Name:		
Street Address: 14 Backstay st.	Street Address:		
City: Jamestown / State: R.I. / Zip: 02835	City: / State: / Zip:		
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.			

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

FILED
SEP 10 2015
BY 4492

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.

Eric V. Pearson 9-7-15
Signature of Authorized Person — Date

ERIC V. PEARSON
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012