

## 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					
129673	All Phase	All Phase Heating Concepts, LLC				
3. State of Formation	4. Brief desc	ription of the charact	er of business conducted in Rhode	e Island		
Rhode Island	[	Brief description of the character of business conducted in Rhode Island     Heating Systems Service and Repairs				
Knode Island			•			
5. Principal office address 312 Turks Head Bullding			City	State	Zip <b>02903</b>	
			Providence	RI	02903	
6. MAILING ADDRESS OF Contact Name	LIMITED LIABILIT	Y COMPANY AND N	IAME OR TITLE OF CONTACT P	ERSON:		
Louis P. Belanger			Contact Title Owner			
Street Address			City State Zip			
150 Madeleine Ave			Woonsocket	RI	02895	
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACH	(NAMES AND ADDI MENT) [	RESSES) OF THE L	IMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
· 			5,	Ciale	_ ip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
3. RESIDENT AGENT IN RI	HODE ISLAND	<u> </u>				
		Office of the Secre	tary of State. Changes require fi	ilina Form 642		
THE INCIDENCE OF THE CONTROL	ay of feeding in the	Office of the Secre	tary or otate. Changes require in	inig Porm 642.		
		FILI	EU			
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		BY				
File Date				any accompanying s	irm that I have examined schedules and statement are true and correct	
Check No			Jan 1	Below	09/26/2015	
Ву:			Signature of Authorized	Person /	Date	
FOR SECRETARY OF STATE USE ONLY			Louis P. Belange	Louis P. Belanger		
CLONLIANT OF 31	ALL VOL VIILI		Print or Type Name of A	uthorized Person		

Form No. 632 Revised: 01/2012