State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		treet 04-2615	
Limited Liability Company Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2015			
1. ID No. <u>000936470</u>			
2. Exact Name of the Limited Liability Company Bonded Filter Co. LLC			
3. State of Formation			
State: DE			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
HVAC Filter Maintenance			
5. Principal Office Address			
No. and Street: 160 GREENTREE DRIVE, SUITE 101			
City or Town: DOVER		State: <u>DE</u> Zip: <u>19904</u> Con	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact T	Title:		
No. and Street: <u>ONE VANTAGE WAY, SUITE 3-210</u> City or Town: NASHVILLE State: TN Zip: 37228 Country: USA			
City or Town: <u>NASHVI</u>		State: TN Zip: 37228 Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGED	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	
MANAGER	MATTHEW P. ASHWOOD	ONE VANTAGE WAY, SUI NASHVILLE, TN 37228 US	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
NATIONAL REGISTERED AGENTS, INC. <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u> , <u>RI</u> <u>02914</u>			

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of October, 2015 at 8:46:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MATTHEW P ASHWOOD

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2015 State of Rhode Island and Providence Plantations All Rights Reserved