

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				
555348	Building	Building Systems Technologies, LLC				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
RI	General	General contracting				
5. Principal office address 16 Bellevue Avenue			City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	SON:		
ontact Name Michael Marotti			Contact Title Member			
Street Address same as above			City	State	Zip	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zíp	City	State	Zip	
B. RESIDENT AGENT IN RE	HODE ISLAND	<u> </u>				
This information is current	lly of record in the	Office of the Secr	etary of State. Changes require filing	g Form 642.		

FILED

OCT 1 9 2015

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 herein are true and correct.

Signature of Authorized Person

Date (

Michael Marotti

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012