

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 nar	ne of the limited liabi	lity company	.			
125452		R.A.M. Mechanical, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Heating	Heating and air conditioning business					
5. Principal office address 72 Northbriar Drive			City North Kingstown	State RI	Zip 02852		
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:			
Contact Name Jeffrey P. Wilkinson			Contact Title Member				
Street Address 72 Northbriar Drive			City North Kingstown	State RI	Zip 02852		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - 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	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DDE ISLAND		<u> </u>				
This information is currently	of record in th	e Office of the Secu	retary of State. Changes require filir	ng Form 642.			

FILED

OCT 2 3 2015

BY 9993

	Under penalty of perjury, I declare and affirm to	nat I have examined	
File Date	this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein are tr	ue and correct.	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Jeffrey P. Wilkinson		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012