

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

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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.

789095	2. Exact na Guarino	2. Exact name of the limited liability company Guarino Power Systems, LLC				
3. State of Formation	4. Brief des Electrica	Brief description of the character of business conducted in Rhode Island Electrical				
5. Principal office address 20 Louise Ann Drive			City Smithfield	State RI	Zip 02917	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Ana Guarino			Contact Title Member			
Street Address 20 Louise Ann Drive			City Smithfield	State RI	Zip 02917	
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	(NAMES AND ADI MENT) [PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBER	
	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I Manager Name	F APPLICABLE - <u>Do</u>	NOT LIST MEMBER	
Manager Name	(NAMES AND ADI	DRESSES) OF THE		F APPLICABLE - <u>DO</u>	NOT LIST MEMBER	
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("X" BOX FOR ATTACH Manager Name Street Address City Manager Name Street Address City City B. RESIDENT AGENT IN RI	State	Zip	Manager Name Street Address City Manager Name Street Address	State	Zip	

FILED

OCT 2 6 2015

BY 2735

File Date Check No By:	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 Ana Guarino, Member
FOR SECRETARY OF STATE USE ONLY	
1997年,1997年,1997年,1997年,1987年	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012