

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.

I AMS CONJUCTING LLC. State of Formation PA 4. Brief description of the character of business conducted in Rhode Island MECHANICAL ENGINEERING Principal office address 33.3 EAST CARSON STREET SUITE 323 City PITTSBUKGH PA IS 79 LAMILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title DONATHIAN C. IAMS CONTACT TITLE PRINCIPAL STATE STATE SUITE 323 CITY FITTS BURGH PA IS 79 LIST ALL MANAGERS (NAMES AND ADDRESSÉS) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (AT BOX FOR ATTACHMENT) Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address Street Address FILED NOV 1.7 2015 A A . DO.O. A . M. Under pensity of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all applements accompaning schedules and statements. FILE Date FILE Date Under pensity of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. And the proport including any accompanying schedules and statements. And the proport including any accompanying schedules and statements. And all all applements accompliance herein are true and correct.	Filing Fee: \$50.00 • FAIL	URE TO FILE IT	HIS REPORT BY DE	CEMBER 1 WILL RESULT IN	I A \$25.00 PENA	LIY FEE.
State of Formation 4. Brief description of the character of business conducted in Rhode Island MECHANICAL ENGINEERING	1. Entity ID No.	2. Exact name of	the limited liability com	pany		
Principal office address 33.3 EAST CARSON STREET SUITE 333 PITTSBURCH PA 15 M9 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title TONATHAN C. IAMS CONTACT TITLE OF CONTACT PERSON: CONTACT TITLE OF CONTACT PERSON CONTACT TITLE OF CONT	797830	IAMS	CONJUCTING	4 LLC		
Principal office address 33.3 FAST CARSON STREET SUITE 33 City PITTSBUKCH PA ISAIP NAME ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title PA ISAIP PA ISAIP 15 X19 Contact Title PA ISAIP PA	3. State of Formation	Brief description of the character of business conducted in Rhode Island				
SAS EAST CARSON STREET SUITE 33 PITTSBURGH PA SMY	PA	MECHANICAL ENGINEERING				
Contact Title				PITTSBUKGH	PA	15H9
STONATHAN C. IAMS PRINCIPAL City PITS KLUKCH PA Zip Zip Zip Zip Zip Zip Zip Zi		TED LIABILITY CO	MPÁNY AND NAME C		l:	
Anager Name Anage	JONATHAN C.	. IAMS		PRINCIPAL		
### Address Street Address Street Address		ON STREET	I SUITE 323	PITTSKURCH		'/a ^
Street Address Street Address			SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u> T	LIST MEMBERS
State Zip City State Zip City State Zip State Zip Street Address Street Address Street Address Street Address State Zip City State Zip State Zip State Zip State Zip State Zip State State Zip State State Zip State S	Manager Name			Manager Name		
Manager Name Street Address State Zip St	Street Address			Street Address		
Street Address State Zip B A State Zip B	City	State	Zip	City	State	Zip
FILED NOV 17 2015 NOV 17 2015 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. Sunature of Authorized Person Date FOR SECRETARY OF STATE USE ONLY	Manager Name			Manager Name		
FILED NOV 1 7 2015 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. By: FOR SECRETARY OF STATE USE ONLY	Street Address			Street Address		
FILED NOV 17 2015 NOV 17 2015 A. A. 10'.02 A.M. 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. By: FOR SECRETARY OF STATE USE ONLY	Dity	State	Zip	City	State	Zip 23
FILED NOV 17 2015 NOV 17 2015 A. A. IO'.O.A.M. 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. Check No. By:	RESIDENT AGENT IN RHODE	E ISLAND				* 555
File Date	his information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filing Fo	orm 642.	Z 3,416
File Date						5 ARE
File Date			FILE	D		3 8 8 9 9
File Date			•			<u>유</u> 5년
File Date 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. Check No By: Signature of Authorized Person Date			NUV 17	2013		8
File Date 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. Check No By: Signature of Authorized Person Date			Byalois	0,1		
File Date 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. Check No By: Signature of Authorized Person Date			A.A.	10:02 H.M.		
By: Date FOR SECRETARY OF STATE USE ONLY Signature of Authorized Person Date JONATHON C. IAMS	File Date		• '	Under penalty of perjury, I de this report, including any ac	companying sche	dules and statements,
FOR SECRETARY OF STATE USE ONLY	Check No	- Halan 1994 of Million 1984 o		Donn 10	کرر	10-5-201
FOR SEVERIANT OF STATE USE ONLY	Ву:					
···	FOR SECRETARY OF STATE	USE ONLY				7

Form No. 632 Revised: 01/2012