

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 2013

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 con	npany				
000162541	Heat Tech	Heat Tech LLC					
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island					
RI	HVAC Con	tractor					
5. Principal office address 270 Hopkins Hill Road			City Coventry	State RI	Zip 02816		
6 MAILING ADDRESS OF LI	AFTED LIABILITY	GOMPANY/AND NAME		PERSON:			
Contact Name Steven R. Rossi			Contact Title President & Member				
Street Address 270 Hopkins Hill Road			City Coventry	State RI	Zip 02816		
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME		ESSES) OF THE LIMITE	D LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u> 1	NOT LIST N	<u>IEMBERS</u>	
Manager Name Mone Stava R Rossi			Manager Name				
Street Address 270 Hopkins Hill Rd			Street Address				
City Caralty	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO This information is currently	A4.4x41.41.44.44x44x44x44x424x424x424x4	Miles of the Secretary	d State Changes require	Ming Form 642			
This information is currently	or record in the (onice of the Secretary C	or State. Changes require	ming Form 642.	=======================================	<u></u>	
					=== ====	COR	
					HAR.		
FILED ←					2	AA C	
MAR 2 1 2016					P	100 X	
					=	S.S.E.	
		A -	1		~~) TAI	
		BY Ch 276			Ċ	rti	
	MEGGER PERMIT PERMIT	1	.' 30 Under penalty of pe this report, including	riurv. I declare and affi	rm that I have	e examined	
Flie Date			this report, including	g any accompanying s ots contained herein a	chedules and c	d statements, orrect.	
Check No		•	(While)	Lu CA	03/2	21/2016	
By:			Signature of Authorize	ed Person		Date	
FOR SECRETARY OF STATE USE ONLY			Michael J Barboza Cpa				
			Print or Type Name o	f Authorized Person			

Form No. 632 Revised: 01/2012