

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 2012

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	2. Exact name of the limited liability company				
000162541	Heat Tech L	Heat Tech LLC				
3. State of Formation	4. Brief description	4. Brief description of the character of business conducted in Rhode Island				
RI	HVAC Contr	HVAC Contractor				
5. Principal office address 270 Hopkins Hill Road			City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF L	MITEO WABILITY &	OMPANY 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 <u>all</u> Managers (n ("X" box for attachm	AMES AND ADDRES	SES) OF THE LIMITE		IF APPLICABLE - <u>Do</u>		
Manager Name Stzich R Rossi			Manager Name			
Street Address 270 Harkins Hell Rd			Street Address			
City Coveredry	State	2ip 00 816	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8; RESIDENT AGENT IN RH	ODE ISLAND					
This information is currently	y of record in the Off	ice of the Secretary o	f State. Changes require	filing Form 642.		
					ORPE ORPE	
					N 826	
FILED						
IILEU					고 있으셨	
MAR 2 1 2016					1 :: 0 :: ED	
		2 1 20	iU		~ < 4	
	By	1 an 270	(h <u></u>		CI M	
	D,					
edige-25 op of the Alexander Committee		1:2	Under penalty of pe	rjury, I declare and affi	irm that I have examined	
File Date			this report) insludin	🛊 any accompanying s	schedules and statements	
Check No			and the air state me	ets contained herein a		
**************************************	la viruse sa sa sa sa sa Sagarda estable e		Signature of Authoriz	ed Person	03/21/2016 Date	
			Michael J Barb		Date	
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of			
	organistica de Sala Parista.					

Form No. 632 Revised: 01/2012