

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 2008

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 cor	npany			
000162541	Heat Tech LL	Heat Tech LLC				
3. State of Formation	4. Brief description	4. Brief description of the character of business conducted in Rhode Island				
RI	HVAC Contra	HVAC Contractor				
5. Principal office address 270 Hopkins Hill Road	d	,	City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF L	IMITED LIABILITY CO	MPANY AND NAME	OR TITLE OF CONTACT	PERSON:		
Contact Name Steven R. Rossi		Contact Title President & Member				
Street Address 270 Hopkins Hill Road	d		City Coventry	State RI	Zip 02816	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		SES) OF THE LIMITE	D LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT UST MEMBERS	
Manager Name Hone Lever R Lever R		Manager Name				
Street Address 570 <	Hopkins.	HII RA	Street Address			
City Dentry	State (Zip (6	City	State	Zip	
Manager Name 0		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	ODEISLAND					
This information is currently	y of record in the Offic	e of the Secretary	of State. Changes require	filing Form 642.		
					N3	

MAR 2 1 2016

BY an 270505

2016 MAR 2 I	SECRETARY CORPORATION
P	OF STI
1: 25	STATE DIVIDITION

Date

File De			
Check			
By:			
	CRETAF		

Form No. 632	
1 01111 110. 002	
Revised: 01/20	112

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ontained herein are true and correct.

03/21/2016

Michael J Barboza Cpa

Print or Type Name of Authorized Person