



**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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>960407</b>		2. Exact name of the limited liability company <b>Sun Plumbing &amp; Heating Co., LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Plumbing and heating services</b>			
5. Principal office address <b>1 Boss Road, #5</b>		City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	
Contact Name <b>Daniel N. Gallucci, Jr.</b>		Contact Title <b>Member</b>			
Street Address <b>1 Boss Road, #5</b>		City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (X) BY SEPARATE AGREEMENT <input type="checkbox"/>					
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

MAY 05 2016

BY ML 37565

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.

*Daniel N. Gallucci, Jr.* 4/29/16  
 Signature of Authorized Person Date

**Daniel N. Gallucci, Jr., Member**  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY