



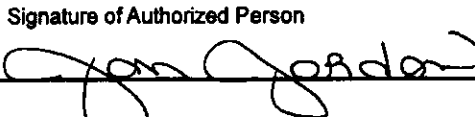
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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

1. Entity ID Number		2. Exact name of the Limited Liability Company			
793159		Anthony Refresh Group, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
Delaware		Installing refrigeration equipment for the Supermarket industry and other general contracting			
5. Principal Office Address		City	State	Zip	
812 Athens Road		Crawford	GA	30630	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jan Jordan		Contact Title Office Manager			
Street Address 812 Athens Road		City Crawford	State GA	Zip 30630	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Sean Patrick / General Manager		Manager Name Dave Rogers / Operations Manager			
Street Address 1031 E Riverview Dr Suite 100		Street Address 812 Athens Road			
City Phoenix	State AZ	Zip 85034	City Crawford	State GA	Zip 30630
Manager Name Travis Vanderloot - Finance		Manager Name			
Street Address 1031 E Riverview Drive Suite 100		Street Address			
City Phoenix	State AZ	Zip 85034	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Jan Jordan				Date 04/13/16	
Signature of Authorized Person  SIGN DOCUMENT HERE					

FILED

MAY 20 2016

BY 013240
A.A.