

State of Knode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

SECRETARY OF STATE CORPORATIONS DIV

2016 JUL -5 PH 12: 07

Entity ID Number 2. Exact name of the Limited Liability Company								
200841057 SENSIBLE HEATING + AIR CONDITIONING LLC								
3. State of Formation	<u> </u>							
RI	HVAC	Installation	+ Service	Service				
5. Principal Office Address	City		State	Zip				
90 HIGHVIEW AVE	HOPE V	ALLEY	R)	02832				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name EUZABETH T	Contact Title OFFICE MGR							
Street Address 90 HIGHVIEW	City HOPE \	<i>l</i> ALLEY	State KJ	Zip 02832				
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name	Manager Name							
Street Address	Street Address							
City	State	Zip	City		State	Zip		
Manager Name	Manager Name							
Street Address	Street Address							
City	State	Zip	City		State	Zip		
***************************************	Che	ck the box to indi	icate 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	Date							
MARK REKOWSKI					6/29/16			
Signature of Authorized Person MMM The state of Authorized Person								

MAIL TO:

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Phone: (401) 222-3040 Website: www.sos.ri.gov

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