

## 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

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 na	2. Exact name of the limited liability company					
000724464	amaral a	utomation ass	ociates IIc				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI		Sales agency for machinery and electrical control panels					
5. Principal office address 1697 Warwick Av Ste D			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>		
	C.L. C.T. LIGHT	PY COMPANY AME	MARTER THE STREET	PERSON:			
Contact Name Richard H Amaral			Contact Title President				
Street Address 1697 Warwick Av Ste D			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADI HMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - BO	No. Parin marks		
Manager Namo			Manager Name				
			Street Address				
Citv	State	Zin	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHICOE ISEANO						
This information is curre	ently of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.			

FILED Q

AUG 2 9 2016

File Date By 53 Check No	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedul and that all statements operatined herein are true	es and statements
By 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012