



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 2016

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>536228</b>		2. Exact name of the limited liability company Northeast Lightning Protection, LLC			
3. State of Formation Wyoming		4. Brief description of the character of business conducted in Rhode Island Sales and installation of lightning protection systems			
5. Principal office address 575 South Willow, P.O. Box 1226			City Jackson	State WY	Zip 83001
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James G. Barnard			Contact Title Manager		
Street Address 10 Peters Road			City Bloomfield	State CT	Zip 06002
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name James G. Barnard			Manager Name John L. Barnard, Jr.		
Street Address 10 Peters Road			Street Address 10 Peters Road		
City Bloomfield	State CT	Zip 06002	City Bloomfield	State CT	Zip 06002
Manager Name			Manager Name		
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** *02*  
 SEP 21 2016  
 21231

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*[Signature]* 09/13/2016  
 Signature of Authorized Person Date

*[Printed Name]*  
 Print or Type Name of Authorized Person