



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>000506756</b>		2. Exact name of the limited liability company <b>All Panel Systems, LLC</b>			
3. State of Formation <b>CT</b>		4. Brief description of the character of business conducted in Rhode Island <b>Furnish and install aluminum composite, insulated and plate panel systems on commercial construction projects.</b>			
5. Principal office address <b>9 Baldwin Dr</b>		City <b>Branford</b>		State <b>CT</b>	Zip <b>06405</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Gail Chacon</b>		Contact Title <b>Office Mgr.</b>			
Street Address <b>9 Baldwin Dr</b>		City <b>Branford</b>		State <b>CT</b>	Zip <b>06405</b>
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 <b>Venance LaFrancois</b>		Manager Name			
Street Address <b>9 Baldwin Dr</b>		Street Address			
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	City	State	Zip
Manager Name <b>Elmer Demers</b>		Manager Name			
Street Address <b>9 Baldwin Dr</b>		Street Address			
City <b>Branford</b>	State <b>CT</b>	Zip <b>06405</b>	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

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BY Ch 284135  
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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.

Venance LaFrancois 8/24/16  
Signature of Authorized Person Date

Venance LaFrancois  
Print or Type Name of Authorized Person

File Date

Check No

By

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