



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 2015

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. 000506756		2. Exact name of the limited liability company All Panel Systems, LLC	
3. State of Formation CT		4. Brief description of the character of business conducted in Rhode Island Furnish and install aluminum composite, insulated and plate panel systems on commercial construction projects.	
5. Principal office address 9 Baldwin Dr		City Branford	State CT
		Zip 06405	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Gail Chacon		Contact Title Office Mgr.	
Street Address 9 Baldwin Dr		City Branford	State CT
		Zip 06405	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE: DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Venance LaFrancois		Manager Name	
Street Address 9 Baldwin Dr		Street Address	
City Branford	State CT	Zip 06405	
Manager Name Elmer Demers		Manager Name	
Street Address 9 Baldwin Dr		Street Address	
City Branford	State CT	Zip 06405	
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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R.I. DEPT. OF STATE
PROV. OFFICE

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
Signature of Authorized Person

8/24/16
Date

Venance LaFrancois
Print or Type Name of Authorized Person

File Date: _____
Check No: _____
By: _____
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