



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000506485

2. Exact Name of the Limited Liability Company ADS LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO CONDUCT ANY AND ALL LAWFUL ACTIVITIES FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE BUSINESS CORPORATION ACT, INCLUDING BUT NOT LIMITED TO WATER AND WASTEWATER FLOW MONITORING, WATER METERING, AND LINE TAPPING PRODUCTS AND SERVICES.

5. Principal Office Address

No. and Street: 1300 MERIDIAN STREET
SUITE 3000

City or Town: HUNTSVILLE State: AL Zip: 35801 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 1300 MERIDIAN STREET
SUITE 3000

City or Town: HUNTSVILLE State: AL Zip: 35801 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SHAUN BLAKEMAN	1300 MERIDIAN STREET,SUITE 3000 HUNTSVILLE, AL 35801 USA
MANAGER	HAL R. KIMBROUGH	1300 MERIDIAN STREET,SUITE 3000 HUNTSVILLE, AL 35801 USA
MANAGER	FLORIAN PFEFFERLE	1300 MERIDIAN STREET,SUITE 3000 HUNTSVILLE, AL 35801 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of September, 2016 at 9:11:18 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07