State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
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Annual Report for the year: 2016	
Limited Liability Company	
→ Filing period: September 1 - November 1	
<ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	•

	<del></del>						
1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company					
789095	Guarino Power Systems, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
23 - Construction	Electrical						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
20 Louise Ann Drive			Smithfield	RI	02917		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name			Contact Title				
Street Address			City	State	Zip		
8. List ALL managers (names ar	nd addresses)	of the Limitéd Liah	oility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person Date					, ,		
Ann Guarano, Member					-16 *		
Signature of Authorized Person Member							

## MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

