



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. 599832		2. Exact name of the limited liability company POWER SUPPLIES AND SERVICES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MANUFACTURER'S REPRESENTATIVE			
5. Principal office address 81 BLACK POINT LANE		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STACIE MACDONALD			Contact Title MANAGING DIRECTOR		
Street Address SAME			City	State	Zip
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name STACIE MACDONALD			Manager Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
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

OCT 24 2016

By

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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.

Stacie MacDonald
Signature of Authorized Person

09/25/2016

Date

STACIE MACDONALD

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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