



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

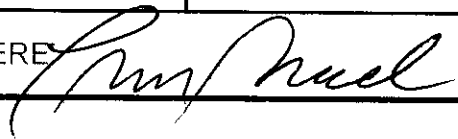
Annual Report for the year: 2016

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. Entity ID Number 140600 | | 2. Exact name of the Limited Liability Company Rhode Island Sheet Metal, LLC | | | |
| 3. NAICS Code 42 - Wholesale Trade | | 4. Brief description of the character of business conducted in Rhode Island Heating and Air Conditioning Fabricator and Installer. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 63 Dexter Road, Units C & D | | City East Providence | | State RI | Zip 02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Thomas J. Gravel | | | Contact Title Member | | |
| Street Address 30 Palmer Meadow Lane | | | City Rehoboth | | State MA Zip 02769 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 <input type="checkbox"/> | | | | | |
| 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 Thomas J. Gravel | | | | Date 9/20/16 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE  | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 

OCT 24 2016

BY

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