

R.I. GEPT. GF STATE BUS SYSS DIV

2017 APR 19 PM 4:30

Annual Report for the year: 2014 **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 | Lo France | | | | | |
|--|-------------------|------------------------|--|-------------------------------|-----------------------|--|
| 000418985 | 2. Exact : | name of the Limit | ited Liability Company | | | |
| | | nnistraro, LLC | | | | |
| 3. NAICS Code | 4. Brief d | escription of the r | character of business conducted | d in Rhode leland | | |
| 23 - Construction | Mechani | ical Contracting | and Service-Plumbing, HVAC | and Fire Protection | | |
| 5. State of Formation | | | | WING LIE CLAMMAN. | Systems | |
| Massachusetts | | | | | | |
| 6. Principal Office Address | | | City | Tax-1 | | |
| 80 Rosedale Road | | | Watertown | State MA | Zip 02472 | |
| 7. Mailing Address of Limited | J Liability Comp | pany and Name o | ж Title of Contact Person | | | |
| Regina Gerrick | | | | Contact Title General Counsel | | |
| Street Address 80 Rosedate R | | | City Watertown | State MA | Zip 02471 | |
| 8. List ALL managers (name | s and address | es) of the Limited | Liability Company, IF APPLICA | DIE DO MOTI IST | | |
| Manager Name | | | Manager Name | BLE - DU NUI LIOI : | MEMBERS | |
| Street Address | | | Street Address | | | |
| City | State | Zip | | | | |
| | | | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zio | | | | |
| | | ЦÞ | City | State | Zip | |
| A Parlidura Angual In Mhada II. | | | | Check the box to ir | ndicate an attachment | |
| . Resident Agent in Knode Isl | land. This inform | nation is currently of | of record with the Department of Stat | eta Chamana di Sil | | |
| Under penalty of perjury, I destatements, and that all state | iociero ana am | TIPPO TRAFI ANDREAS | Avenue imped alking and a contract of the cont | g any accompanying | schedules and | |
| Name of Authorized Person | | 1104 1101 0111 4 | rue and correct. | | <u> </u> | |
| Joseph C. Cannistraro | | | | Date | | |
| Signature of Authorized Person | - | | | 3/24/201 | 7 | |
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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 - 4.'33

BY Ch 301348

FORM 632 - Revised: 08/2016