148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 November 1 - November 1 Interpretation of the Company failing or refusing to life its annual report within (firity (30) days after the time prescribed by law (R.I.G.L. 7 (Fe60k8.0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001662927 C Exact Name of the Limited Liability Company Emme Controls, LLC 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238220 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSTALLATION OF SPECIALTY HVAC SYSTEMS 5. Principal Office Address No. and Street: <u>20.00000000000000000000000000000000000</u>	S			Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R161. 7. 716-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R1.6.1. 7. 16-66(bkc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001662927 2. Exact Name of the Limited Liability Company Emme Controls, LLC 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238220 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSTALLATION OF SPECIALTY HVAC SYSTEMS 5. Principal Office Address No. and Street: 32 VALLEY STREET, FLOORC City or Town: State: CT zip: 06011 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: JON BRODEUR Contact Title: CEO No. and Street: D. D. D. D. 22251 City or Town: BRISTOL State: CT zip: 06011 Country: USA <td></td> <td></td> <td></td> <td></td>					
(401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(0.4) each limited liability company failing or refusing to file its annual report within thy (50) days after the time prescribed by law (R.I.G.L. 7- 16-66(0.6c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001662927 2. Exact Name of the Limited Liability Company Emme Controls, LLC 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238220 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSTALLATION OF SPECIALTY HVAC SYSTEMS 5. Principal Office Address No. and Street: 32 VALLEY STREET, FLOOR C City or Town: State: CT BRISTOL State: CT Size: CT					
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DO NOT LIST MEMBERS Title Individual Name Address	City or Town: <u>BR</u>	<u>ISTOL</u> State: <u>CT</u>	Zip: <u>06011</u> Country	: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country	
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 18 Day of October, 2017 at 2:41:06 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 CYNTHIA RINES

Signature of Authorized Person

Form No. 632 Revised 09/07

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