State of Rhode Island and Providence Plantations Office of the Secretary of State         Division Of Business Services 148 W. River Strete Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Principal Company Annual Report         Principal Company Annual Report         Imited Liability Company failing or refusing to file its annual report within thry (20) days after the time prescribed by law (R.I.G.L. 7: 1-660(b&0) is subject to a pready fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 001658087         2. Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         3. State of Formation State: RI         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. 424990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         5. Principal Office Address         No. and Street:       16 CONSTITUTION STREET City or Town:       RESTOL       State: RI       Zip: 02809       Country: USA         A datess of Each Manager of the Limited Liability Company, If Applicable. DO NOT LIST MEMBERS <td colspa<="" th=""><th></th><th></th><th></th><th></th></td>	<th></th> <th></th> <th></th> <th></th>				
148 W. River Street Providence R1 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(hcl)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       001658087         2. Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         3. State of Formation         State: El         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.         424990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         5. Principal Office Address         No. and Street: Information STREET City or Town: BRISTOL       State: RI Zip: 02809 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: Information STREET City or Town: BRISTOL       State: RI Zip: 02809 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS       State: Suity Company, if Applicable.         Ti	S S			tions Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1         In accordance with RJ G L 7-16-66(d), each limited liability company failing or refusing to the ite annual report within thirty (30) days after the time presenbed by law (RJ.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       001658087         2. Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         3. State of Formation State: RI         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.         424990         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         State: RI Zip: 02809 Country: USA         A Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       16 CONSTITUTION STREET         City or Town:       BRISTOL       State: RI Zip: 02809 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: Contact Title:         No and Street:       16 CONSTITUTION STREET       <					
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie lis annual report within thry (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 001658087         2. Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         3. State of Formation State: R!         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.         424990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         5. Principal Office Address         No. and Street:       16 CONSTITUTION STREET City or Town:       State: RI       zip: 02809       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       16 CONSTITUTION STREET City or Town:       Ent 16 CONSTITUTION STREET City or Town:       Zip: 02809       Country: USA         7. Name and Address of Ea					
United Liability Company Annual Report         Filing Period: September 1 - November 1         In period: September 1 - November 1         Annual Report version in the time prescribed by law (R.I.G.L. 7: 14-66(p&0)) is subject to a penalty fee of \$25:00         ANNUAL REPORT YEAR: 2017         1. ID No. 001658087         Colspan="2">Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         State: RI         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of dodes here, More information on NAICS can be found online.         424990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         5. Principal Office Address         No. and Street: In ECONSTITUTION STREET         Contact Title:         No and Street: I	HOPE				
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(0), each limited liability company failing or refusing to file its annual report with with (20) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       001658087         2. Exact Name of the Limited Liability Company PAXTON CONTROLS, LLC         3. State of Formation         State: RI         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.         424990         424990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DISTRIBUTOR OF TEMPERATURE CONTROLS EQUIPMENT         5. Principal Office Address         No. and Street:       16 CONSTITUTION STREET         City or Town:       BRISTOL       State: RI       Zip: 02809       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       16 CONSTITUTION STREET         City or Town:       BRISTOL       State: RI       Zip: 02809	HOPE				
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No. and Street: City or Town:       16 CONSTITUTION STREET BRISTOL       State: RI       Zip:       02809       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
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DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	City of rown: <u>DRISTOL</u> State. <u>RI</u> Zip: <u>U2809</u> Country: <u>USA</u>				
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country					
	Title	Individual Name	A	ddress	
8 RESIDENT AGENT IN RHODE ISI AND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country	
8 RESIDENT AGENT IN RHODE ISI AND - DO NOT ALTER					
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

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

ELIZABETH M. TANNER, ESQ. <u>5 FORT HILL ROAD</u> <u>BRISTOL</u>, <u>RI</u> <u>02809</u>

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

**Signed this 23 Day of October, 2017 at 8:24:59 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 <u>ELIZABETH M. TANNER, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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