Annual Report for the year: _2017 **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.

4 Fakta ID March	0.5				
1. Entity ID Number 1070223	2. Exact name of the Limited Liability Company UCOLO, LLC				
3. NAICS Code 23 & 210	4. Brief description of the character of business conducted in Rhode Island Instrullation + Design & Solan PV Systems				
5. State of Formation	1		·		
Rhode Island					
6. Principal Office Address			City	State	Zip
14 Vernon Avenue			Newport	RI	02840
7. Mailing Address of Limited Lia		and Name or Tit			•
Contact Name Susan T. McNally			Contact Title Manager		
Street Address 14 Vernon Avenue			City Newport	State RI	^{Zip} 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Susan T. McNally			Manager Name		
Street Address 14 Vernon Avenue			Street Address		
City Newport	State RI	^{Zip} 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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 decistatements, and that all statem	lare and affirm ents contained	that I have exam I herein are true	mined this report, including a and correct.	g any accompanying	schedules and
Name of Authorized Person Date					
Susan	Mcha	lly	10.26.17		
Signature of Authorized Person					
SON 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



FORM 632 - Revised: 08/2017