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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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2. Exact name of the Limited Liability Company							
Ponag	Ponagansett 2, LLC						
4. Brief description of the character of business conducted in Rhode Island							
Heating, Air Condition, Refrigeration Services							
-th		City	State	Zip			
55 Ponagansett Avenue, Apt 2			RI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Peter Bibby, Sr.			Contact Title Member				
Street Address 55 Ponagansett Avenue, Apt 2		City Providence	State RI	^{Zip} 02909			
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				
State	Zip	City	State	Zip			
Manager Name			Manager Name				
Street Address			Street Address				
State	Zip	City	State	Zip			
1		I	Check the box to it	ndicate 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 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.							
Peter Bibby, Sr., Member Peter Bibby, Sr., Member							
Signature of Authorized Person							
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	A. Brief des Heating, A tot 2 ability Compa tot Avenue, A and addresses State State State	Ponagansett 2 4. Brief description of the chating, Air Condition, but 2 ability Company and Name or the Avenue, Apt 2 and addresses) of the Limited to the Avenue, Apt 2 State Zip State Zip od. This information is currently of the Avenue and affirm that I have expents contained herein are to the Avenue and affirm that I have expents contained herein are to the Avenue and affirm that I have expents contained herein are to the Avenue and affirm that I have expents contained herein are to the Avenue and affirm that I have expents contained herein are to the Avenue and Avenue and Avenue are the Avenue and A	Ponagansett 2, LLC 4. Brief description of the character of business conducted in Heating, Air Condition, Refrigeration Services City Providence Contact Title Member Contact Title Member City Providence Indiaddresses) of the Limited Liability Company, IF APPLICAB Manager Name Street Address State Zip City Manager Name Street Address State Zip City Manager Name Street Address State Address State Zip City Manager Name Street Address State Address State Zip City Manager Name Street Address State State Zip City Manager Name Street Address State Address State Zip City Manager Name Street Address State Address State Address State Address State Address State Address State City	A. Brief description of the character of business conducted in Rhode Island Heating, Air Condition, Refrigeration Services City Providence RI Contact Title Member Contact Title Member Conduct Title Member City Providence State RI Manager Name Street Address State Zip City State Manager Name Street Address State Zip City State Check the box to indict This information is currently of record with the Department of State. Changes require filing stare and affirm that I have examined this report, including any accompanying therits contained herein are true and correct. Date Date Date			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov EILED

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FORM 632 - Revised: 08/2017