

SECRETARY OF STATE CORPORATIONS DIV

2017 DEC -5 PM 2: 29

Annual Report for the year:	2016
Limited Liability Company	<del> </del>

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

			<u> </u>				
1. Entity ID Number	2. Exact name of the Limited Liability Company						
983015	4. Brief description of the character of business conducted in Rhode Island						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
238380	heating and air (moitioning						
5. State of Formation	į r	earing	und a	C( CV)	101710	11111	
RI			_			U	
6. Principal Office Address 177 Fatima Dive			City Werler		State RI	<b>Z</b> ip ⊘2835	
7. Mailing Address of Limited Lia	bility Company ar	id Name or Title	of Contact Person		-		
Contact Name Andrew Bown Contact Title Owner			Ve C				
Street Address 1777 Fatima Drive			City		State RI	028172	
8. List ALL managers (names a	nd addresses) of t	he Limited Liabi	ity Company, IF Al	PPLICABLE - DC	NOT LIST N		
Manager Name	Manager Name						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Manager Name Manager Name							
Street Address 5			Street Address				
City	State	Zip	City		State	Zip	
	Check the box to indicate an attachment						
9. Resident Agent in Rhode Isla	nd. This information	is currently of rec	ord with the Departn	nent of State. Char	iges require filir	g Form 642.	
Under penalty of perjury, I de statements, and that all state				including any a	eccompanyin	g schedules and	
Name of Authorized Person				· · · · · · · · · · · · · · · · · · ·	Date	-	
,	Anorew t	> Bau	~ FI	LED	Dec	5,2017	
Signature of Authorized Person	Anorew t	Ban	ner ner	0 5 2017			
<u> </u>		, (	DEC.	219/16			
				2 KG   La			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY<u>Le 319/61</u> 2:30