RI SOS Filing Number: 201859515440 Date: 3/1/2018 11:12:00 PM



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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| Entity ID Number | 2. Exact name of the Limited Liability Company ELECTRICAL CONTRACTING CONCEPTS, LLC | | | | | |
|--|---|-------------|----------------------|------------|----------------------|--|
| 001034539 | ELECTR | ICAL CO | NIRACTING CON | CEP 18, L | _LC | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 238210 | ELECTRICAL INSTALLATION AND DESIGN SERVICES | | | | | |
| 5. State of Formation | 1 | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 31 AUBURN AVENUE | | | JOHNSTON | RI | 02919 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name KURT MCGRATH | | | Contact Title MEMBER | | | |
| Street Address 31 AUBURN AVENUE | | | City JOHNSTON | State RI | ^{Zip} 02919 | |
| 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 | | | |
| City | State | Zip | City | State | Zıp | |
| 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 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. | | | | | | |
| Name of Authorized Person | | | | Date | 814 33 33. | |
| KURT MCGRATH | , | , | 1 | 01/29/2018 | | |
| Signature of Authorized Person | | | | | | |
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MAIL TO:

Division of Business Services

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

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

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