


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000972428		2. Exact name of the limited liability company AQUALIFIED, LLC			
3. State of Formation GA		4. Brief description of the character of business conducted in Rhode Island NON-DESTRUCTIVE TESTING AND CONSULTING			
5. Principal office address 650 Ten Rod Road		City NORTH KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT WELLER		Contact Title CEO			
Street Address PO BOX 1687, 57 MESA DRIVE		City ROCK SPRINGS	State WY	Zip 82901	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Robert Weller		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED**MAY 11 2018****BY** 330447
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File Date _____
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Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

ROBERT WELLER

Print or Type Name of Authorized Person

04/26/2018