RI SOS Filing Number: 201868555480 Date: 6/4/2018 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	·
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Annual Report for the year: 2017	
Affilial Report for the year.	and the second of the second o
Limited Liability Company	1 11 11 11 11 11 11 11 11 11 11 11 11 1
→ Filing period: September 1 - November 1	
→ Filing Fee: \$50.00	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
792870	Woody Hill Mechanical, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
81 812996	Applying for and filing mechanical, pipe fitter, plumbing, HVAC permits from local municipalities and State of RI agencies that require permitting for these installations.						
5. State of Formation	and sale of the agricus that require partificing for disse meanadone.						
Rhode Island							
6. Principal Office Address			City	State	Zip		
144 Woody Hill Road			Exeter	RI	02822		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Clifton Woodmansee			Contact Title Manager				
Street Address 144 Woody Hill Road			City Exeter	State RI	^{Zip} 02822		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Clifton Woodmansee			Manager Name				
Street Address 144 Woody Hill Road			Street Address				
City Exeter	State RI	^{Zip} 02822	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Ζiφ	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 842.							
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							
Clifton Woodmansee 5/30/18							
Signature of Authorized Person SIGN 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 FILED

JUN 04 2018

FORM 632 - Revised: 10/2017