



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 2018

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. 536228		2. Exact name of the limited liability company Northeast Lightning Protection, LLC			
3. State of Formation Wyoming		4. Brief description of the character of business conducted in Rhode Island Sales and installation of lightning protection systems (238 210)			
5. Principal office address 575 South Willow, P.O. Box 1226		City Jackson	State WY	Zip 83001	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James G. Barnard			Contact Title Manager		
Street Address 10 Peters Road		City Bloomfield	State CT	Zip 06002	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name James G. Barnard			Manager Name John L. Barnard, Jr.		
Street Address 10 Peters Road			Street Address 10 Peters Road		
City Bloomfield	State CT	Zip 06002	City Bloomfield	State CT	Zip 06002
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
 JUL 27 2018
 BY 22456

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 7/19/18
 Signature of Authorized Person Date
James G. Barnard member
 Print or Type Name of Authorized Person