



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. <b>536228</b>		2. Exact name of the limited liability company <b>Northeast Lightning Protection, LLC</b>			
3. State of Formation <b>Wyoming</b>		4. Brief description of the character of business conducted in Rhode Island <b>Sales and installation of lightning protection systems</b> <span style="float: right;">(238 210)</span>			
5. Principal office address <b>575 South Willow, P.O. Box 1226</b>		City <b>Jackson</b>	State <b>WY</b>	Zip <b>83001</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>James G. Barnard</b>			Contact Title <b>Manager</b>		
Street Address <b>10 Peters Road</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>James G. Barnard</b>			Manager Name <b>John L. Barnard, Jr.</b>		
Street Address <b>10 Peters Road</b>			Street Address <b>10 Peters Road</b>		
City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>
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 of Authorized Person 7/19/18  
 Date  
**James G. Barnard** member  
 Print or Type Name of Authorized Person