



State of Rhode Island and Providence Plantations.

## Department of State - Business Services Division

**Annual Report for the year: 2018**  
**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.

1. Entity ID Number <b>000140543</b>		2. Exact name of the Limited Liability Company <b>Carter Brothers, LLC</b>	
3. NAICS Code <b>812990</b>		4. Brief description of the character of business conducted in Rhode Island <b>Fire &amp; Life Safety</b>	
5. State of Formation <b>Florida</b>			
6. Principal Office Address <b>6600 Congress Avenue</b>		City <b>Boca Raton</b>	State <b>FL</b>
		Zip <b>33487-1213</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Kim Bruschnig</b>		Contact Title <b>Compliance Associate</b>	
Street Address <b>5757 N Green Bay Avenue</b>		City <b>Milwaukee</b>	State <b>WI</b>
		Zip <b>53209-4408</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Lee M. Finney</b>		Manager Name <b>Lee M. Finney</b>	
Street Address <b>148 W. River Street</b>		Street Address <b>148 W. River Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	Zip <b>02904-2615</b>
Manager Name <b>Lee M. Finney</b>		Manager Name <b>Lee M. Finney</b>	
Street Address <b>148 W. River Street</b>		Street Address <b>148 W. River Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	Zip <b>02904-2615</b>
Check the box to indicate an attachment <input type="checkbox"/>			
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 <b>Lee M. Finney</b>		Date <b>8/22/2018</b>	
Signature of Authorized Person <i>Lee M. Finney</i>		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

SEP 10 2018

BY

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FORM 632 - Revised: 10/2017