

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 000140543          | 2. Exact name of the Limited Liability Company Carter Brothers, LLC                             |   |  |                           |
|--|---|---|--|---------------------------|
| 3. NAICS Code<br>812990                | Brief description of the character of business conducted in Rhode Island     Fire & Life Safety |   |  |                           |
| 5. State of Formation Florida          |   |   |  |                           |
| 6. Principal Office Address            | . <del> 1</del>   | City  | State                                  | Zip                       |
| 6600 Congress Avenue                   |   | Boca Raton  | FL                                     | 33487-1213                |
| 7. Mailing Address of Limite           | d Liability Company and Name  | or Title of Contact Person                        |  |                           |
| Contact Name Kim Bruschnig             |   | Contact Title Compliance Associate                |  |                           |
| Sirect Address 5757 N Green Bay Avenue |   | Cily Milwaukee                                    | State WI                               | <sup>Zip</sup> 53209-4408 |
| 8. List ALL managers (nam              | es and addresses) of the Limiter  | d Liability Company, IF APPLICA                   | BLE - DO NOT LIST                      | MEMBERS                   |
| Manager Name .                         |   | Manager Nai                                       |  |                           |
| Street Address                         | , unne  | Street Address                                    |  | ·                         |
| City _                                 | Ste 7h  |   |  | , Zło                     |
| Manager Name                           |   | Manager Name                                      |  |                           |
| Street Address                         |   | Street Address                                    |  |                           |
| Çily                                   | State   | 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 Sta              | ote. Changes require filir             | ng Form 642.              |
|  | declare and affirm that I have<br>atements contained herein are                                 | examined this report, including true and correct. | g any accompanyin                      | g schedules and           |
| Name of Authorized Person              |   |   | Date                                   |                           |
| Lee M Finney                           |   |   | 8/22/2018                              |                           |
| Signature of Authorized Pen            |   | DOCUMENT, HESE                                    |  |                           |
|  |   |   | ·. · · · · · · · · · · · · · · · · · · |                           |

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 1 0 2018

FORM 632 - Revised: 10/2017