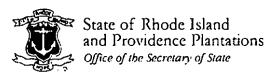
RI SOS Filing Number: 201878617130 Date: 10/1/2018 4:00:00 PM



A. Raiph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - Filing Fee: \$50.00° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

	is subject to a penalty fee of 32						
1 ID No	2. Exact name of the limited liability company COASTAL ELECTRONICS, LLC						
158989							
3. State of Formation	State of Formation 4. Brief description of the character of the histness which is actually conducted in Rhode island						
Rhode Island electrical distribution bussiness			423710				
5 Principal office address			City:	State	Ζφ		
101 Airport Rd			Westerly	RI	02891		
		ILITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:			
Contact Name	•	· · · -	Contact Title	Contact Title			
Christopher Harrington			Vice President	Vice President			
Sirect Address			On:	State	Zip		
48 Spectorice 101 Airport Rd			Westerly	RI	02891		
<del></del>	RESS OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" 80)	PPLICABLE - <u>DO NOT</u> (FOR ATTACHMENT)	LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Sircet Address			Street Address	Street Address			
City	State	7.ip	City	State	ZIp		
Manager Name			Manager Name	Manager Name			
Sircet Address			Street Address	Street Address			
City:	State	ZIP	City	State	7.tp		
8. RESIDENT AGEN	T IN RHODE ISLAND		·	· '	······································		
		Office of the Secretary	y of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	6-11		
	,			·			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
Ву:	· · ·
	FOR SECRETARY OF STATE USE ONLY

	FILED
BY_	OCT 0 1 2018 or 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  Christopher T. Harrington
	Print or Type Name of Authorized Person