

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS COV

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Annual Report for the year: _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	2. Exact name of the Limited Liability Company				
1673338	MD ELECTRICAL INTEGRATION LLC.				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
238210	ELECTRICAL CONTRACTING				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zıp
137 BRIGGS ST APT 2			PROVIDENCE	RI	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARK D HOWECC			Contact Title PRESIDENT		
Street Address 137 BRIGGS 5+ APT 1			PRÉSIDENT	State	zip 02905
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Maren			Manager Name		
Street Address			Street Address		
CIN	State	Zip _	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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 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 Date					
MARK D HOWELL				10/19/	//8
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website**: www.sos.ri.gov

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BY CM GSOMT