Sta	te of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
		i j el elale	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet )4-2615	
Limited Liability Compa Annual Report Filing Period: September 1 - N			
	16-66(d), each limited liability com thirty (30) days after the time presc nalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2	<u>019</u>		
1. ID No. <u>000538780</u>			
2. Exact Name of the Limi	ted Liability Company <u>ATEN B</u>	ENERGY CONSERVA	ATION, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	de that best describes the primary nformation on <u>NAICS</u> can be found	•	the entity. Download
	Character of the Business Which	is Actually Conducto	d in Phode Island
4. Bhei Description of the		is Actually conducte	
BUILDING PERFORMA	NCE CONTRACTING AND E	NERGY EFFICIENCY	Y CONSULTING
5. Principal Office Address			
	CHOOL STREET FUCKET State	: <u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
6. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Pe	erson:
	<sup>le:</sup> CHOOL STREET UCKET State	: <u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
7. Name and Address of Ea DO NOT LIST MEMBERS	ach Manager of the Limited Liab	oility Company, if App	licable.
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, S	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## ADEL BANOUB 47 SHERWOOD STREET PROVIDENCE, RI 02908

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

**Signed this 9 Day of October, 2019 at 11:23:49 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By MATTHEW BANOUB

Signature of Authorized Person

Form No. 632 Revised 09/07

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