RI SOS Filing Number: 202062155320 Date: 10/5/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED: P

OCT 05 2020.

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BY UNG

| Annual Report for the year: | 2020 |
|-----------------------------|------|
| 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.

| Entity ID Number  | 2. Exact n         | 2. Exact name of the Limited Liability Company                           |                                       |                           |                 |  |  |
|---|--------------------|--|---------------------------------------|---------------------------|-----------------|--|--|
| 140600  | Rhode Isl          | Rhode Island Sheet Metal, LLC  |                                       |                           |                 |  |  |
| 3. NAICS Code   | 4. Brief de        | Brief description of the character of business conducted in Rhode Island |                                       |                           |                 |  |  |
| olesale Trade   | 1                  | Heating and Air Conditioning Fabricator and Installer.                   |                                       |                           |                 |  |  |
| 5. State of Formation   | 7                  |  |                                       |                           |                 |  |  |
| Rhode Island  |                    |  |                                       |                           |                 |  |  |
| 6. Principal Office Address                                   |                    |  | City                                  | State                     | Zip             |  |  |
| 63 Dexter Road, Units C & D                                   |                    | East Providence  | RI                                    | 02914                     |                 |  |  |
| 7. Mailing Address of Limited                                 | Liability Comp     | any and Name o   | r Title of Contact Person             |                           |                 |  |  |
| Contact Name Thomas J. Gravel                                 |                    |  | Contact Title Member                  |                           |                 |  |  |
| Street Address 30 Palmer Meadow Lane                          |                    | City Rehoboth  | State MA                              | Zip 02769                 |                 |  |  |
| 8. List ALL managers (name                                    | s and addresse     | s) of the Limited  | Liability Company, IF APPLICAE        | BLE - DO NOT LIST I       | MEMBERS         |  |  |
| Manager Name  |                    |  | Manager Name                          |                           |                 |  |  |
| Street Address  |                    |  | Street Address                        |                           |                 |  |  |
| City  | State              | Zip  | City                                  | State                     | Zip             |  |  |
| Manager Name  |                    |  | Manager Name                          |                           |                 |  |  |
| Street Address  |                    |  | Street Address                        |                           |                 |  |  |
| City  | State              | Zip  | City                                  | State                     | Zip             |  |  |
|   |                    |  | <del></del>                           | Check the box to it       |                 |  |  |
| <ol><li>Resident Agent in Rhode Is</li></ol>                  | sland. This inform | nation is currently  | of record with the Department of Stal | te. Changes require f.lin | g Form 642      |  |  |
| Under penalty of perjury, I (<br>statements, and that all sta | declare and aff    | firm that I have   | examined this report, including       | g any accompanying        | g schedules and |  |  |
| Name of Authorized Person                                     |                    |  | Date                                  |                           |                 |  |  |
| Thomas J. Gravel  |                    |  |                                       |                           |                 |  |  |
| Signature of Authorized Perso                                 | on                 | 7 0/2  | 2000                                  |                           |                 |  |  |
|   |                    | Conglish!  | DOQUMENTHERE                          | 9/25                      | 12020           |  |  |
| -   | /                  | - (  |                                       |                           |                 |  |  |

MAIL TO:

**Division of Business Services** 

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