STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130776	2. Exact name of the limited liability company: Delta Mechanical Contractors, LLC
3. State of Formation: Delaware	4. Brief description of the character of the business which is actually conducted in Rhode Island: Plumbing, HVAC, and Fire Protection Contractors

5. Principal office address	City	State	Zip
83 Vermont Ave Bldg 3	Warwick	RI	02888

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Bruce Bookbinder	President

Street Address	City	State	Zip
83 Vermont Ave Bldg 3	Warwick	RI	02888

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

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

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Corporation Services Company	222 Jefferson Blvd Ste 200	
Address: fg	City: Warwick	Zip: 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.

[redacted]

File Date 12/15/05
Check No. 3918
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Authorized Person *Date* 11/29/05

Kimberly Bookbinder
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
130776	Delta KeySpan, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	

5. Principal office address	City	State	Zip
83 VERMONT AVENUE, BLDG. 5	Warwick	R.I.	02888

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
David M. Greenberg,	Senior Vice President

Street Address	City	State	Zip
83 VERMONT AVENUE, BLDG 5	Warwick	RI	02888

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
N/A Managed by members.	
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Corporation Service Company	

Address	City	Zip
222 Jefferson Boulevard, Suite 200	Warwick	02888

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] [redacted]

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.

George Tosato — 11/22/04
Signature of Authorized Person — *Date*

George Tosato
Print or Type Name of Authorized Person

[redacted]

File Date 12/6/04
Check No 010533
By: B.

FOR SECRETARY OF STATE USE ONLY