



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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 (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001663670

**2. Exact Name of the Limited Liability Company** HMI Technical Solutions, LLC

**3. State of Formation**

State: PA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

238210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

POWER & COMMUNICATION TRANSMISSION

**5. Principal Office Address**

No. and Street: 3 VALLEY SQUARE, SUITE 200  
512 TOWNSHIP LINE ROAD

City or Town: BLUE BELL

State: PA Zip: 19422 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 3 VALLEY SQUARE, SUITE 200  
512 TOWNSHIP LINE ROAD

City or Town: BLUE BELL

State: PA Zip: 19422 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	CARMINE BATTAFARANO	3 VALLEY SQUARE, 512 TOWNSHIP LINE RD, SUITE 200

		BLUE BELL, PA 19422 USA
MANAGER	MARK K. ANDERSON	985 JOLLY RO BLUE BELL, PA 19422 USA
MANAGER	MARY BETH MARTINO	985 JOLLY RO BLUE BELL, PA 19422 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 27 Day of October, 2020 at 11:51:39 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 LAWRENCE A. MARINO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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