	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30	40	
Limited Liability Con Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp thirty (30) days after the time prescribe enalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00013043</u>	22		
2. Exact Name of the L	imited Liability Company <u>INSTAL</u>	LED BUILDING PRODU	CTS, LLC.
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
•	Code that best describes the primary re information on <u>NAICS</u> can be found		ntity. Download
•			ntity. Download
the list of codes <u>here.</u> Mo 238310		online.	
the list of codes <u>here.</u> Mo <u>238310</u> 4. Brief Description of t	re information on <u>NAICS</u> can be found	online.	
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the list of codes <u>here.</u> Mo <u>238310</u> 4. Brief Description of the <u>INSTALLATION OF F</u> 5. Principal Office Addre	re information on <u>NAICS</u> can be found he Character of the Business Which <u>BUILDING PRODUCTS SUCH AS</u> ess <u>UTH HIGH STREET, SUITE 50</u>	online.	Rhode Island
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the list of codes here. Mo 238310 4. Brief Description of the INSTALLATION OF F 5. Principal Office Addres No. and Street: 495 SOU City or Town: COLUM 6. Mailing Address of Lit Contact Name: PAMEL No. and Street: 495 SOU City or Town: COLUM 7. Name and Address of Lit 1. Contact Name and Street and Stree	re information on <u>NAICS</u> can be found he Character of the Business Which <u>BUILDING PRODUCTS SUCH AS</u> ess <u>UTH HIGH STREET, SUITE 50</u> <u>MBUS</u> imited Liability Company and Name <u>A HENSON</u> Contact Title: <u>ASSISTA</u> <u>UTH HIGH STREET, SUITE 50</u> <u>IBUS</u> S f Each Manager of the Limited Liab	online. is Actually Conducted in SINSULATION State: <u>OH</u> Zip: <u>43215-568</u> or Title of Contact Persor <u>NT SECRETARY</u> itate: <u>OH</u> Zip: <u>43215-56</u>	Rhode Island <u>39</u> Country: <u>USA</u> n: <u>89</u> Country: <u>USA</u> le.

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 30 Day of October, 2020 at 10:37:41 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 PAMELA HENSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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