



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. 144489		2. Exact name of the limited liability company ALPINE MECHANICAL SERVICES, LLC			
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island Heating, Ventilating, Air-Conditioning Service + Repair			
5. Principal office address 914 Town Center		City New Britain	State PA	Zip 18901	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Barraclough			Contact Title President / Member		
Street Address 914 Town Center		City New Britain	State PA	Zip 18901	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Mark Barraclough			Manager Name		
Street Address 914 Town Center			Street Address		
City New Britain	State PA	Zip 18901	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 MARK P. DOLAN, ESQ			Address		
Address 170 WESTMINSTER STREET, SUITE 900			City PROVIDENCE	Zip 02903	

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



File Date	10/24/05	*144489*
Check No.	20624	
By:	CXC	
FOR SECRETARY OF STATE USE ONLY		

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.

Mark Barraclough **10/21/05**
Signature of Authorized Person Date
Mark Barraclough
Print or Type Name of Authorized Person