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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2020
Limited Liability Company

2020 DEC 16 PM 1:40

- Filing period: September 1 - November 1
- Filing Fee: \$50.00 75.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>001692707</u>		2. Exact name of the Limited Liability Company <u>AEM insulation LLC</u>			
3. NAICS Code <u>738310</u>		4. Brief description of the character of business conducted in Rhode Island <u>insulation</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>932 Greenville Ave</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02828</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Robert Cucinotta</u>			Contact Title <u>owner</u>		
Street Address <u>mailing address 43 pox</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02828</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u> </u>		Manager Name <u> </u>			
Street Address		Street Address			
City <u> </u>	State	Zip	City <u> </u>	State	Zip <u> </u>
Manager Name		Manager Name			
Street Address <u> </u>		Street Address <u> </u>			
City <u> </u>	State	Zip	City <u> </u>	State	Zip <u> </u>
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person <u>Robert Cucinotta</u>				Date <u>12/8/2020</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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