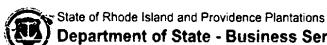
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## **Department of State - Business Services Division**

STAMP

Annual Report for the year: \_ এ০। প **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by December 1.

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	· · ·		·		·
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000530365	lassona HVAC UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
<del>8+541511</del>	HUAC install and repair				
5. State of Formation					
6. Principal Office Address			City	State	Zip
1345 A Plainfield Street			Johns ton	<b>L</b> (	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Philip MillS			Contact Title DWNEY		
Street Address 1345 A Plainfield Street			City Johnsten	State A1	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	∠ip	City	State	Zìp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		·	· · · · · · · · · · · · · · · · · · ·	Check the box to in	dicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Date					
		3/19/21			
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

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