



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

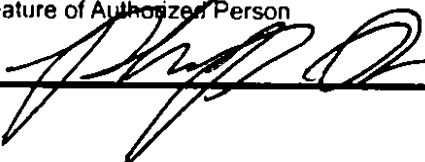
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Annual Report for the year: 2019  
**Limited Liability Company**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

- 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<br><u>000530365</u>   |       | 2. Exact name of the Limited Liability Company<br><u>Cassana HVAC LLC</u>                                     |                               |                        |                     |
| 3. NAICS Code<br><u>81541511</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>HVAC install and repair</u> |                               |                        |                     |
| 5. State of Formation<br><u>RI</u>  |       |   |                               |                        |                     |
| 6. Principal Office Address<br><u>1345 A Plainfield street</u>  |       |   | City<br><u>Johnston</u>       | State<br><u>RI</u>     | Zip<br><u>02919</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                               |                        |                     |
| Contact Name<br><u>Philip Mills</u>   |       |   | Contact Title<br><u>owner</u> |                        |                     |
| Street Address<br><u>1345 A Plainfield street</u>   |       |   | City<br><u>Johnston</u>       | State<br><u>RI</u>     | Zip<br><u>02919</u> |
| 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 | Zip   | City                          | State                  | Zip                 |
| Manager Name  |       | Manager Name  |                               |                        |                     |
| Street Address  |       | Street Address  |                               |                        |                     |
| City  | State | Zip   | City                          | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                               |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                               |                        |                     |
| <i>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.</i> |       |   |                               |                        |                     |
| Name of Authorized Person<br><u>Philip Mills</u>  |       |   |                               | Date<br><u>3/19/21</u> |                     |
| Signature of Authorized Person<br>   |       |   | 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.ri.gov

**FILED**

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*B. M. V. M. Q. X*  
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