

State of Rhode Island and Providence Plantations

Qepartment of State - Business Services Division

Annual Report for the year: 2018 **Limited Liability Company**

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000530365		2. Exact name of the Limited Liability Company Cassana HVAC LLC				
3. NAICS Code SUSSI 5. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island HVAC Install and repair.				
6. Principal Office Address 1345A Plainfield Street			City Johnston	State RI	Zip 02919	
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person	 -		
Contact Name Philip Mills			Contact Title Owner			
Street Address 1345A Plainfield Street			City Johnston	State RI	Zip	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - 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	
		I		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island, This infor	nation is currently	of record with the Department of S	tate. Changes require fil	ing Form 642.	
Under penalty of perjury, statements, and that all st	i declare and afi tatements conta	firm that I have ined herein are	examined this report, includi true and correct.	ng any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Philip Mills	· · · · · · · · · · · · · · · · · · ·					
Signature of Authorized Ser	son					
	7					

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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