



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

**Annual Report for the year: 2017**  
**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 <b>000530365</b>		2. Exact name of the Limited Liability Company <b>Cassana HVAC LLC</b>					
3. NAICS Code ST <b>541511</b>		4. Brief description of the character of business conducted in Rhode Island <b>HVAC install and repair.</b>					
5. State of Formation <b>RI</b>							
6. Principal Office Address <b>1345A Plainfield Street</b>				City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Philip Mills</b>				Contact Title <b>Owner</b>			
Street Address <b>1345A Plainfield Street</b>				City <b>Johnston</b>	State <b>RI</b>	Zip	
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 <b>Philip Mills</b>					Date		
Signature of Authorized Person 							

**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**

MAR 22 2021

*Handwritten signature and date*  
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