



State of Rhode Island

## Department of State - Business Services Division

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2021 MAR 31 PM 2:47

 Annual Report for the year: 2020 Ammended  
 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.

|                                                                                                                                                                                                      |             |                                                                                                                                |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. Entity ID Number<br>000849813                                                                                                                                                                     |             | 2. Exact name of the Limited Liability Company<br>GUARDIAN ENERGY MANAGEMENT SOLUTIONS, LLC                                    |                                                    |
| 3. NAICS Code<br>238210                                                                                                                                                                              |             | 4. Brief description of the character of business conducted in Rhode Island<br>Commercial electrical, plumbing and pipefitting |                                                    |
| 5. State of Formation<br>Delaware                                                                                                                                                                    |             |                                                                                                                                |                                                    |
| 6. Principal Office Address<br>420 Northboro Rd Central                                                                                                                                              |             | City<br>Marlborough                                                                                                            | State<br>MA<br>Zip<br>01752                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |             |                                                                                                                                |                                                    |
| Contact Name<br>Domenic Armano                                                                                                                                                                       |             | Contact Title<br>President                                                                                                     |                                                    |
| Street Address<br>420 Northboro Rd Central                                                                                                                                                           |             | City<br>Marlborough                                                                                                            | State<br>MA<br>Zip<br>01752                        |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |             |                                                                                                                                |                                                    |
| Manager Name<br>Domenic Armano                                                                                                                                                                       |             | Manager Name<br>Kyle Handley                                                                                                   |                                                    |
| Street Address<br>420 Northboro Rd Central                                                                                                                                                           |             | Street Address<br>420 Northboro Rd Central                                                                                     |                                                    |
| City<br>Marlborough                                                                                                                                                                                  | State<br>MA | Zip<br>01752                                                                                                                   | City<br>Marlborough<br>State<br>MA<br>Zip<br>01752 |
| Manager Name<br>Michael Schmidt                                                                                                                                                                      |             | Manager Name                                                                                                                   |                                                    |
| Street Address<br>420 Northboro Rd Central                                                                                                                                                           |             | Street Address                                                                                                                 |                                                    |
| City<br>Marlborough                                                                                                                                                                                  | State<br>MA | Zip<br>01752                                                                                                                   | City<br>State<br>Zip                               |
| 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<br>Domenic Armano                                                                                                                                                          |             | Date<br>3/31/2021                                                                                                              |                                                    |
| Signature of Authorized Person<br><i>Domenic Armano</i>                                                                                                                                              |             |                                                                                                                                |                                                    |

## 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 31 2021

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BY *JPB*



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 31, 2021 02:47 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

*Secretary of State*

