



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018  
 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<br><u>000516089</u>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><u>Retro Tec Insulation LLC</u>                |                    |
| 3. NAICS Code<br><u>238310</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>insulation</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                  |                    |
| 6. Principal Office Address<br><u>182 Circle St</u>                                                                                                                                                  |       | City<br><u>Woonsocket</u>                                                                        | State<br><u>RI</u> |
|                                                                                                                                                                                                      |       | Zip<br><u>02895</u>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                  |                    |
| Contact Name<br><u>John Copping</u>                                                                                                                                                                  |       | Contact Title<br><u>owner/member</u>                                                             |                    |
| Street Address<br><u>same as above</u>                                                                                                                                                               |       | City                                                                                             | State              |
|                                                                                                                                                                                                      |       | 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 | City                                                                                             | State              |
| Zip                                                                                                                                                                                                  |       | Zip                                                                                              |                    |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                     |                    |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                   |                    |
| City                                                                                                                                                                                                 | State | City                                                                                             | State              |
| Zip                                                                                                                                                                                                  |       | 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><u>John Copping</u>                                                                                                                                                     |       | Date<br><u>9/21/2021</u>                                                                         |                    |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                  |                    |

## MAIL TO:

Division of Business Services

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