



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

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 <u>000912440</u>		2. Exact name of the Limited Liability Company <u>ASTRO electric LLC</u>	
3. NAICS Code <u>238210</u>		4. Brief description of the character of business conducted in Rhode Island <u>ELECTRICAL</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>27 STOCKTON DRIVE</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jay Jacome</u>		Contact Title <u>OWNER</u>	
Street Address <u>27 STOCKTON DRIVE</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>JAY JACOME</u>		Manager Name <u>JAY JACOME</u>	
Street Address <u>27 STOCKTON DRIVE</u>		Street Address <u>27 STOCKTON DRIVE</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
City		City	
State	State	State	State
Zip	Zip	Zip	Zip
Check the box to indicate an attachment ☐			
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 <u>Jay Jacome</u>		Date <u>11-6-21</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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