

STAMP

Annual Report for the year: <u>60/8</u> 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 2. Exact name of the Limited Liability Company					
000912440 ASTro electric LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
d38210	238210 ELectrical				
5. State of Formation					
RP			<u> </u>		
6. Principal Office Address			City	State	Zip
87 SPOCKTEW LANZ			midd totol	NN 15	CU842
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ay Jacobe			Contact Title		
Street Address 27 5 00	Kton I	muz	city Middletou	VN State	[200842
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JAY JACO MC			Manager Name		
Street Address 07 STOCKTON Drive			Street Address 2 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
"Middlotain	State ZT	200842	City	State	Zipź (Olega)
Manager Name			Manager Name		
Street Address			Street Address		155 KW
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent informati	on currently of re	cord with the RI D	Department of State is accu	urate. Changes req	uire filing Form 642.
Under penalty of perjury, I destatements, and that all states				ng any accompany	ying schedules and
Name of Authorized Person					1/ / ~ /
JAY JACOME					11-6-21
Signature of Authorized Person					
	-///				
					3:01

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FLED

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BY CRVB 2-FORM 632 - Revised: 08/2020