



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2015
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 DR</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>2021 NOV 8 PM 2:57</u>		
Street Address <u>27 Stockton Dr</u>			Street Address <u>100 STATE ST</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
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. 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 <u>[Signature]</u>					

FILED 2:58

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY JACRVB2