



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023:** 2023

1. ID No. 001734843

2. Exact Name of the Limited Liability Company Northeast HVAC, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO ACQUIRE, OWN, MANAGE, DEVELOP, AND LEASE REAL ESTATE, AND TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY, INCLUDING TO HOLD, OWN, LEASE, IMPROVE, DEVELOP, OPERATE, MANAGE, SERVICE, MORTGAGE, ENCUMBER AND SELL REAL PROPERTY AND OTHERWISE DEAL WITH AND OBTAIN LOANS ON THE SAME AS OWNER THEREOF, AND TO ACQUIRE AND DEAL WITH PERSONAL PROPERTY OF ANY NATURE, MANNER OR KIND WHATSOEVER TO THE EXTENT NECESSARY, DESIRABLE, CONVENIENT AND APPROPRIATE TO CARRY OUT THE FOREGOING PURPOSES, AND ANY OTHER LAWFUL BUSINESS THAT MAY

BE ENGAGED IN BY A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS
OF THE
STATE OF RHODE ISLAND

5. Principal Office Address

No. and Street: 73 WARD AVENUE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 7 WARD AVENUE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ADLER POLLOCK & SHEEHAN P.C. 49 BELLEVUE AVENUE NEWPORT , RI 02840

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of May, 2023 at 8:58:22 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DANIELLE E. DUFAULT, ESQUIRE

Signature of Authorized Person

Form No. 632
Revised 09/07

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