RI SOS Filing Number: 202448456090 Date: 3/12/2024 4:00:00 PM

Annual Report for the Limited Liability Con → Filing period: February Filing Fee: \$50.00	of State - Business S ne year: 2024 mpany			■ f	FILED JAR 1 2 2024	
1. Entity ID Number 789095		Exact name of the Limited Liability Company Guarino Power Systems, LLC				
5. State of Formation RI	Electrical					
6. Principal Office Address	1	City	i	State	Zip	
20 Louise Ann Drive		Smithfield	J	RI	02917	
7. Mailing Address of Limite	ed Liability Company and Nar	me or Title of Contact Person	n	•		
Contact Name Ana Guarino		Contact Title Mer	Contact Title Member			
Street Address 20 Louise Ann Drive		City Smithfield	City Smithfield		Zip 02917	
8. The Resident Agent info	mation currently of record wil	th the RI Department of Sta	ite is accurat	te. Changes requir	e filing Form 642.	
	I declare and affirm that I h tatements contained herein		, including a	any accompanyin	g schedules and	
Name of Authorized Person	are and and correct	Date				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Ana Guarino, Member

Signature of Authorized Person/