



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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Annual Report for the year:  
Limited Liability Company

2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                         |  |                                                                                                      |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>1669381                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br>ECS NORTH ATLANTIC LLC                             |             |
| 3. NAICS Code<br>238210                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>ELECTRICAL CONTRACTOR |             |
| 5. State of Formation<br>MASSACHUSETTS                                                                                                                                                                  |  |                                                                                                      |             |
| 6. Principal Office Address<br>288 GROVE ST, SUITE 375                                                                                                                                                  |  | City<br>BRAINTREE                                                                                    | State<br>MA |
|                                                                                                                                                                                                         |  | Zip<br>02184                                                                                         |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                      |             |
| Contact Name<br>DAVID LALAMA                                                                                                                                                                            |  | Contact Title<br>MEMBER                                                                              |             |
| Street Address<br>59 ALBEE DRIVE                                                                                                                                                                        |  | City<br>BRAINTREE                                                                                    | State<br>MA |
|                                                                                                                                                                                                         |  | Zip<br>02184                                                                                         |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                      |             |
| 9. 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<br>DAVID LALAMA                                                                                                                                                               |  | Date<br>10/24/24                                                                                     |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                      |             |

FILED

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BY

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MAIL TO:

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