	State of Rhode Island Fee: \$50.00
	Office of the Secretary of State
	Division Of Business Services 148 W. River Street
	Providence RI 02904-2615
7636	(401) 222-3040
Limited Liability Annual Report Filing Period: Febr	
refusing to file its	n R.I.G.L. 7-16-66(d), each limited liability company failing or annual report within thirty (30) days after the time prescribed by -66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPOR	T YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>
1. ID No. <u>000</u>	<u>521591</u>
2. Exact Name of the Limited Liability Company <u>nVent Thermal LLC</u>	
3. State of Form	ation
State: <u>DE</u>	
	NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>335122</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
ENGINEERED	PRODUCTS
5. Principal Offic	e Address
No. and Street:	899 BROADWAY STREET
City or Town:	REDWOOD CITYState: CAZip: <u>94063</u> Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:	
No. and Street:	<u>1665 UTICA AVENUE</u> SUITE 700
City or Town:	SAINT LOUIS PARK State: <u>MN</u> Zip: <u>55416</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	

 $\underline{\text{CORPORATION SERVICE COMPANY}}_{02888} \underline{\text{222 JEFFERSON BOULEVARD, SUITE 200 WARWICK}}, \underline{\text{RI}}_{02888}$

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

Signed this 27 Day of July, 2023 at 1:24:22 PM 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 <u>SHAWNA FULLERTON, SECRETARY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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