RI SOS Filing Number: 201985025880 Date: 1/23/2019 1:43:00 PM

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	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: 2018 Amended **Limited Liability Company**

Amendment

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	2. Exact name of the Limited Liability Company Industrial Connections & Solutions LLC						
operations powered and productive City State Zip 27511 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Brian Hutchlson City Cary State NC Zip 27511 City Cary State NC Zip 27511 Street Address 305 Gregson Drive City Cary State NC Zip 27511 B List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachment State Changes require filing Form 642. Under penalty of perjury, I declare and effirm that I have examined this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct. Date City Date Date	3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
State of Pornation DE 6. Principal Office Address 305 Gregson Drive Cary NC Zip 27511 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Brian HutchIson Street Address 305 Gregson Drive City Cary State NC Zip 27511 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 FrankIlls Sullivan: Manager City Date CITY D	335300			·			
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Franklin Sullivan; Managor O///7/20/9 Signature of Authorized Person (1) of			,				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

RI SOS Filing Number: 201985025880 Date: 1/23/2019 1:43:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 23, 2019 01:43 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

