	tate of Rhode Island and I Office of the Secr	
HOPE	Division Of Busin 148 W. Rive Providence RI 0 (401) 222	ness Services r Street 2904-2615
imited Liability Com	pany	
Annual Report		
iling Period: September 1		
	7-16-66(d), each limited liability c in thirty (30) days after the time pr penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2015</u>	
1. ID No. <u>000165153</u>	3	
2. Exact Name of the Li	mited Liability Company STE	AMGARD, LLC
3. State of Formation		
State: IL		
Retrofit parts of existing s		Rhode Island and other state facilities.
	FOREST EDGE DRIVE	
	NON HILLS	State: <u>IL</u> Zip: <u>60061</u> Country: <u>USA</u>
Contact Name: Contact		ame or Title of Contact Person: State: <u>IL</u> Zip: <u>60061</u> Country: <u>USA</u>
City or Town: <u>VERN</u>		
,	-	iability Company, if Applicable.
7. Name and Address of	RS Individual Name	Address
7. Name and Address of DO NOT LIST MEMBER Title	RS Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
7. Name and Address of DO NOT LIST MEMBER	RS Individual Name	Address
7. Name and Address of DO NOT LIST MEMBER Title	RS Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country 730 FOREST EDGE DRIVE

PROVIDENCE, RI 02914

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

Signed this 23 Day of November, 2015 at 6:34:54 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>SHARON GILLFILLAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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