

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

| 2. Exact name Enclos C | 2. Exact name of the Corporation Enclos Corp | | | |
|--|--|---|--|------------------------|
| Principal office address 2770 Blue Water Rd | | City Eagan | State MN | Zip 55121 |
| 4. Business Phone No. 314-596-0022 | | 5. State of Incorporation MN | | |
| character of business of truction/Specialty | conducted in Rhode Island Contractor | | | |
| (NAMES AND ADDRE | SSES) ("X" BOX FOR AT | TACHMENT) | | aga shigga |
| President Name Gregg Sage | | Vice-President Name David Coleman | | |
| Street Address 10733 Sunset Office Dr. Suite 200 | | Street Address 10733 Sunset Office Dr. Suite 200 | | |
| State Mo | Zip 63127 | City St. Louis | State MO | Zip 63127 |
| Name Coleman | | Treasurer Name David Coleman | | |
| Street Address 10733 Sunset Office Dr. Suite 200 | | Street Address 10733 Sunset Office Dr Suite 20 | | |
| State MO | Zip 63127 | City St Louis | State Mo | Zip 63127 |
| S (NAMES AND ADDR | ESSES) ("X" BOX FOR | ATTACHMENT) | | |
| | | Director Name | | |
| Gregg Sage Street Address 10733 Sunset Office Dr Suite 200 | | Street Address | | |
| State Mo | Zip 63127 | City | State | Zip |
| | | Director Name | | |
| | | Street Address | | |
| State | Zip | City | State | Zip |
| n | | 10 SHARES ISSUED | ("X" BOX FOR ATTAC | HMENT) |
| 表。 表。 表。 表。 表。 表。 表。 表。 表。 表。 | (4) (4) (4) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | 4400 | Common | 1.00 |
| tion sheet. | | | | |
| cuted on behalf of the c this report must | orporation by an authorize t be executed on behalf of | the corporation by the re | eceiver or trustee. | |
| | | Under penalty of pe | erjury, I declare and aff | irm that I have examin |
| | CII EN- | this report, including and that all statements | ng any accompanying s prits/contained herein a | re true and correct. |
| | FILEDS | and that all statement | evits/contained herein a | - 9- 6 |
| STATE USE ONLY | FILED > JAN 2 5 2016 | and that all statement | ized Representative | - /9- / 6 |
| | character of business of truction/Specialty (NAMES AND ADDRE Ce Dr. Suite 200 State MO State | character of business conducted in Rhode Island truction/Specialty Contractor (NAMES AND ADDRESSES) ("X" BOX FOR AT MO State MO 63127 Ce Dr. Suite 200 State MO 63127 State JZip 63127 State MO 63127 State Zip 63127 State Zip 63127 State Zip 63127 | City Eagan 5. State of Incorporation MN character of business conducted in Rhode Island truction/Specialty Contractor (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name David Coleman Street Address 10733 Sunset Or St. Louis Treasurer Name David Coleman Street Address 10733 Sunset Or St. Louis Treasurer Name David Coleman Street Address 10733 Sunset Or St. Louis Street Address Address Street Address Street Address Street Address Ad | Enclos Corp City |

Form No. 630 Revised: 01/2012