



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 64838		2. Exact name of the Corporation Enclos Corp			
3. 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		
6. Brief description of the character of business conducted in Rhode Island Commercial Construction/Specialty Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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		
City St. Louis	State Mo	Zip 63127	City St. Louis	State MO	Zip 63127
Secretary Name David Coleman			Treasurer Name David Coleman		
Street Address 10733 Sunset Office Dr. Suite 200			Street Address 10733 Sunset Office Dr Suite 20		
City St Louis	State MO	Zip 63127	City St Louis	State Mo	Zip 63127
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gregg Sage			Director Name		
Street Address 10733 Sunset Office Dr Suite 200			Street Address		
City St Louis	State Mo	Zip 63127	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			4400	Common	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JAN 25 2016

2906005

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative