| | State of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|---|--|--------------------------------------|---------------------|
| HOPE | Division Of Business 148 W. River S Providence RI 0290 (401) 222-30 | treet 04-2615 | |
| Limited Liability Con | npany | | |
| Annual Report Filing Period: September 1 | | | |
| | . 7-16-66(d), each limited liability com iin thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR | : <u>2016</u> | | |
| 1. ID No. <u>001099901</u> | | | |
| 2. Exact Name of the Limited Liability Company Hardesty & Hanover, LLC | | | |
| 3. State of Formation | | | |
| State: <u>DE</u> | | | |
| | ARTICLE III | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| NIACS Code | | 6 54 | |
| 4. Brief Description of the | ne Character of the Business Which | is Actually Conducted in Rh | ode Island |
| <u>CONSULTING ENGIN</u> <u>STRUCTURES.</u> | VEERING SERVICES FOR TRAN | SPORTATION AND SPEC | IAL |
| 5. Principal Office Addro | ess | | |
| No. and Street: <u>CORPORATION SERVICE COMPANY</u> 2711 CENTERVILLE ROAD, SUITE 400 | | | |
| | INGTON | State: <u>DE</u> Zip: <u>19808</u> C | Country: <u>USA</u> |
| 6. Mailing Address of L | imited Liability Company and Name | e or Title of Contact Person: | |
| Contact Name: FANNY OSORIO Contact Title: EXECUTIVE ASSISTANT | | | |
| No. and Street:1501 BROADWAY, 6TH FLOORCity or Town:NEW YORKState: NYZip:10036Country: USA | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip | Code. Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL CORPORATE RESEARCH, LTD. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 31 Day of August, 2016 at 2:54:41 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>SEAN A. BLUNI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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