	State of Rhode Island and Pro Office of the Secret		Fee: \$50.0	
	Division Of Business	s Services		
	148 W. River S			
	Providence RI 029 (401) 222-30			
HOPE	(401) 222-30	40		
imited Liability Co	mpany			
Annual Report Filing Period: September	1 - November 1			
		oony failing or refusing to		
	L. 7-16-66(d), each limited liability comp n thirty (30) days after the time prescribe			
b&c)) is subject to a per	alty fee of \$25.00.			
ANNUAL REPORT YEA	R : <u>2016</u>			
1. ID No. <u>0007988</u>	05			
2. Exact Name of the	Limited Liability Company <u>Truss, LI</u>	<u>.C</u>		
3. State of Formation				
State: MO				
	ARTICLE III			
	ARTICLE III	est describes your business		
		est describes your business		
Using the following NAI	CS codes, please select the code that b	<u>6</u> <u>8</u>	1	
Using the following NAI		<u>6</u> <u>8</u>	1	
Using the following NAIC	CS codes, please select the code that be	<u>6</u> <u>8</u>	1	
Using the following NAI	CS codes, please select the code that be	<u>6</u> <u>8</u>	1	
Using the following NAIC	CS codes, please select the code that be the Character of the Business Which	<u>6</u> <u>8</u>	1	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGEN 5. Principal Office Add	CS codes, please select the code that be the Character of the Business Which	is Actually Conducted in	1	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGENO 5. Principal Office Add No. and Street: 4551 V	CS codes, please select the code that be the Character of the Business Which CY	is Actually Conducted in	<u>1</u> Rhode Island	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGEN 5. Principal Office Add No. and Street: <u>4551 V</u> City or Town: <u>OVER</u>	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK	is Actually Conducted in OOR State: <u>KS</u> Zip: <u>66</u>	<u>1</u> Rhode Island 207 Country: <u>USA</u>	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGENO 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of 1	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name	Image: Second state Image: Second state <th image:="" second="" state<<="" td=""><td><u>1</u> Rhode Island 207 Country: <u>USA</u></td></th>	<td><u>1</u> Rhode Island 207 Country: <u>USA</u></td>	<u>1</u> Rhode Island 207 Country: <u>USA</u>
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGEN 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of Contact Name: STEV	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name EN L. NICHOLSON Contact Title: AUT	Image: Second state Image: Second state <th image:="" second="" state<<="" td=""><td><u>1</u> Rhode Island 207 Country: <u>USA</u></td></th>	<td><u>1</u> Rhode Island 207 Country: <u>USA</u></td>	<u>1</u> Rhode Island 207 Country: <u>USA</u>
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGEN 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of I Contact Name: STEVI No. and Street: 4551 V	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name	Image: Second state Image: Second state <th image:="" second="" state<<="" td=""><td><u>1</u> Rhode Island 207 Country: <u>USA</u> n:</td></th>	<td><u>1</u> Rhode Island 207 Country: <u>USA</u> n:</td>	<u>1</u> Rhode Island 207 Country: <u>USA</u> n:
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGENO 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of No. and Street: 4551 V Contact Name: STEVI No. and Street: 4551 V City or Town: OVER	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name EN L. NICHOLSON Contact Title: AUT /EST 107TH STREET, THIRD FL _AND PARK	Image: State in the state	<u>1</u> Rhode Island 207 Country: <u>USA</u> n: 207Country: <u>US</u>	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGENO 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of No. and Street: 4551 V Contact Name: STEVI No. and Street: 4551 V City or Town: OVER	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name EN L. NICHOLSON Contact Title: AUT /EST 107TH STREET, THIRD FL _AND PARK of Each Manager of the Limited Liab	Image: State in the state	<u>1</u> Rhode Island 207 Country: <u>USA</u> n: 207Country: <u>US</u>	
Using the following NAIC NAICS Code 4. Brief Description of INSURANCE AGEN 5. Principal Office Add No. and Street: 4551 V City or Town: OVER 6. Mailing Address of I Contact Name: STEVI No. and Street: 4551 V City or Town: OVER No. and Street: 4551 V City or Town: OVER	CS codes, please select the code that be the Character of the Business Which CY ress VEST 107TH STREET, THIRD FLC LAND PARK -imited Liability Company and Name EN L. NICHOLSON Contact Title: AUT /EST 107TH STREET, THIRD FL _AND PARK of Each Manager of the Limited Liab	Image: State in the state	1 Rhode Island 207 Country: <u>USA</u> n: 207Country: <u>USA</u> ble.	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 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 21 Day of September, 2016 at 12:46:23 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>STEVEN L. NICHOLSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved