	State of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30)40	
imited Liability Con	npany		
Annual Report			
Filing Period: September 1	- November 1		
o file its annual report with	. 7-16-66(d), each limited liability com in thirty (30) days after the time pres		
6-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2016</u>		
1. ID No. <u>00133946</u>	<u>4</u>		
2. Exact Name of the L	imited Liability Company <u>TESIN</u>	<u>C, LLC</u>	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Using the following NAIC	S codes, please select the code that	pest describes your busines	S.
NAICS Code		6	54
			<u>51</u>
4. Brief Description of the second seco	ne Character of the Business Whic	h is Actually Conducted in	n Rhode Island
ENGINEERING SERV	ICES		
E Principal Office Addr	200		
5. Principal Office Addro	255		
No. and Street: 5905 B	RECKENRIDGE PKWY, STE F		
City or Town: <u>TAMP</u>	<u>A</u>	State: <u>FL</u> Zip: <u>3361</u>	<u>0</u> Country: <u>USA</u>
6. Mailing Address of L	mited Liability Company and Nam	e or Title of Contact Pers	on:
Ocarte et Nemer - Ocarte et	T :41		
Contact Name: Contact No. and Street: 11780	U.S. HIGHWAY 1 SUITE 600		
	BEACH GARDENS	State: FL Zip: 33408	Country: USA
<u></u>	······································		<u> </u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited Lia RS	bility Company, if Applica	ıble.
Title	Individual Name	Address	6
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
MANAGER	H. ANDREW DEFERRARI	11780 US HIGHW/ PALM BEACH GARDENS	
MANAGER	STEVEN NIELSEN	11780 US HWY	1, STE 600

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 14 Day of October, 2016 at 10:43:36 AM 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 H. ANDREW DEFERRARI

Signature of Authorized Person

Form No. 632 Revised 09/07

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