



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Annual Report for the year: 2017
Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 64838		2. Exact name of the Corporation Enclos Corp			
3. Principal Office Address 2770 Blue Water Road			City Eagan	State MN	Zip 55121
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Commercial Construction/Specialty Contractor			
5. State of Incorporation MN					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" 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 200		
City St Louis	State MO	Zip 63127	City St Louis	State MO	Zip 63127
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
11. 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.					
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.					
Name of Authorized Representative David Coleman				Date Jan 19 2017	
Signature of Authorized Representative 				FILED	
JAN 23 2017					

MAIL TO:

Division of Business Services

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BY

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FORM 630 - Revised: 10/2016