S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	ŧŪ	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>001335841</u>			
2. Exact Name of the Limited Liability Company Advanced Development Solutions LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code		6 23	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PROVIDE & REVIEW DOCUMENTATION FOR PERMITTING & CONSTRUCTION.			
5. Principal Office Address			
No. and Street: 14	BURNSIDE ST.		
	ARWICK State: <u>RI</u>	Zip: <u>02886</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>ROBERT P. NEMITZ</u> Contact Title: <u>PRESIDENT</u>			
No. and Street: 14 BURNSIDE ST			
City or Town: <u>WA</u>	<u>RWICK</u> State: <u>RI</u>	Zip: <u>02886</u> Coun	try: <u>USA</u>
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, Zi	p Code, Country

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

ROBERT P. NEMITZ JR. <u>14 BURNSIDE ST</u> WARWICK , <u>RI</u> <u>02886</u>

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

Signed this 30 Day of May, 2017 at 11:50:32 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 <u>ROBERT P. NEMITZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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