

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

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: 2017

- **1. ID No.** 000148616
- 2. Exact Name of the Limited Liability Company Cyntergy AEC, LLC
- 3. State of Formation

State: OK

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 click here.

NAICS Code

6

54

Fee: \$50.00

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ARCHITECTURAL AND ENGINEERING SERVICES

5. Principal Office Address

No. and Street: 810 S. CINCINNATI AVENUE, SUITE 200

City or Town: \underline{TULSA} State: \underline{OK} Zip: $\underline{74119}$ Country: \underline{USA}

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 810 S. CINCINNATI AVENUE, SUITE 200

City or Town: TULSA State: OK Zip: 74119Country: 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
MANAGER	JAMES E TURNER	810 S. CINCINNATI AVE.

TULSA, OK 74119 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A PROVIDENCE, RI 02914

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

Signed this 20 Day of July, 2017 at 11:39:58 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 KELLI E. FIELDEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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