St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000485782</u>			
2. Exact Name of the Limited Liability Company <u>NEPTUNE EQUIPMENT SERVICES, LLC</u>			
3. State of Formation			
State: <u>AZ</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>811310</u>			
4. Brief Description of the	Character of the Business Whicl	n is Actually Conducted in Rh	ode Island
EQUIPMENT BROKER	AGE		
5. Principal Office Addres	ŝs		
	E. VIA DE VENTURA TSDALE Sta	ate: <u>AZ</u> Zip: <u>85258</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person:	
	E. VIA DE VENTURA	te: <u>AZ</u> Zip: <u>85258</u> Cou	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	Code, Country
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 23 Day of October, 2017 at 3:45:56 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>KIM LANE, SVP AND DEPUTY GC</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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