| State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State | | |
|--|-----------------------------|--|
| | Division Of Business | Services |
| | 148 W. River St | |
| | Providence RI 0290 | |
| HOPE | (401) 222-304 | 40 |
| Limited Liability Com Annual Report Filing Period: September 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 | | |
| ANNUAL REPORT YEAR: 2018 | | |
| 1. ID No. <u>001044344</u> | | |
| 2. Exact Name of the Limited Liability Company <u>SUPERIOR BUILDING GROUP LLC</u> | | |
| 3. State of Formation | | |
| State: MO | | |
| ARTICLE III | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download | | |
| the list of codes here. More information on <u>NAICS</u> can be found online. | | |
| | | |
| <u>000023</u> | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | |
| COMMERCIAL GENERAL CONTRACTOR | | |
| 5. Principal Office Addres | SS | |
| | SOUTH 7TH STREET | |
| City or Town: <u>SUIT</u> | | e: <u>MO</u> Zip: <u>63104</u> Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | |
| | | |
| Contact Name: <u>CHRIS CACIANO</u> Contact Title: <u>CHIEF FINANCIAL OFFICER</u> No. and Street: 2350 SOUTH 7TH STREET | | |
| SUITE 200 | | |
| City or Town: ST. LC | | e: <u>MO</u> Zip: <u>63104</u> Country: <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, Zip Code, Country |

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

BUSINESS FILINGS INTERNATIONAL, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST 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 28 Day of August, 2018 at 12:05:03 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>CHRIS CACIANO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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