S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>00068887</u>	<u>4</u>		
2. Exact Name of the Li	mited Liability Company <u>FOGLIN</u>	IE SYSTEMS, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ty. Download
<u>999999</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
TECHNOLOGY SERV	ICES AND GUIDANCE		
5. Principal Office Addre	SS		
	ANGELL ROAD MBERLAND State: <u>R</u>	<u>I</u> Zip: <u>02864</u> Countr	y: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
	ANGELL RD		
City or Town: <u>CL</u>	IMBERLAND State: <u>RI</u>	Zip: 02864 Country	v: <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 C	Code, Country
MANAGER	JAMES F OHALLORAN	28 ANGELL ROA CUMBERLAND, RI 02864	
MANAGER	EDWARD JEFFS JR	140 CANTON S	т

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

JAMES F OHALLORAN 28 ANGELL ROAD CUMBERLAND, RI 02864

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 September, 2018 at 10:09:50 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>JAMES O'HALLORAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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