RI SOS Filing Number: 201983982310 Date: 1/8/2019 2:11:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | SECRET CORPO 2019 JAN | |
|--|-----------------------|--|---------------------------------|-------------------------------|-----------------------------|--|
| Annual Report for th | ne vear | 1017 | | | RACE STATE | |
| imited Liability Co | | | | | ∞ ≥₹ | |
| → Filing period: September 1 - November 1 | | | | | 그 무유를 모르는 | |
| → Filing Fee: \$50.00 | | | | | 7 (3.6) | |
| → Penalty: Additional \$2 | 25.00 fee if form is | not filed by De | cember 1. | | | |
| 1. Entity ID Number | 2. Exact nar | ne of the Limited | Liability Company | - : | <u> </u> | |
| (2)10(5131 | | - 1 | | 110 | | |
| 3. NAICS Code | A Brief des | Oxen County Construction LLC | | | | |
| 3. NAICS CODE | 4. Brief desc | 4. Brief description of the character of business conducted in Rhode Island Marine Construction | | | | |
| 23/440 | Marine | _ Construi | Jibn . | | | |
| 5. State of Formation | ļ | | | | | |
| Conreticut | | _ | | | | |
| 6. Principal Office Address | | | City / | State | Zip | |
| 166 Winterlan | _ 411 27 | | Worth Strick | , CT | 06359 | |
| 7. Mailing Address of Limit | | nv and Name or | Title of Contact Person | | 06307 | |
| Contact Name | frot F | <u>,</u> | Contact Title Member | | | |
| Street Address 166 Wint | techos Hill K | > | City North Son | ington State | 2ip 06359 | |
| 8. List ALL managers (nar | mes and addresses |) of the Limited | Liability Company, IF APPLIC | ABLE - DO NOT LIST I | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhot | de Island. This infor | nation is currently | of record with the Department o | f·State. Changes require fili | ng Form 642. | |
| Under penalty of perjury statements, and that all | y, I declare and aff | irm that I have | examined this report, inclu | iding any accompanyir | ng schedules and | |
| Name of Authorized Bets | | ······································ | - Buc and concec | Date , | / | |
| Adam Vernott | | | | | 2017 | |
| Signature of Authorized P | erson | | | | | |
| Allen Ve | M | · | • | | | |
| **** | | | | F1 | IPNC | |
| | | | | 5 6 | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JAN 0 8 2019 2 11

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