| s s | tate of Rhode Island and Pro Office of the Secreta | | ns Fee: \$50.00 |
|--|---|--------------------------------|--------------------------|
| | Division Of Busines 148 W. River S | | |
| Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2018</u> | | |
| 1. ID No. <u>000143595</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>SYCAMORE ENTERPRISES LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</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>999999</u> | | | |
| 4. Brief Description of th | e Character of the Business Whic | h is Actually Conducte | d in Rhode Island |
| TO ACQUIRE CONSTRUCTION AND RELATED COMPANIES | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: 44 WILCLAR STREET | | | |
| | <u>RWICK</u> State | : <u>RI</u> Zip: <u>02886</u> | Country: <u>USA</u> |
| 6. Mailing Address of Li | mited Liability Company and Nam | e or Title of Contact Po | erson: |
| Contact Name: Contact | Title: | | |
| | /ILCLAR STREET | D I | • |
| City or Town: WAF | <u>RWICK</u> State | :: <u>RI</u> Zip: <u>02886</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 | Addr | ress |
| | First, Middle, Last, Suffix | Address, City or Town, S | 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

MICHAEL F. SWEENEY, ESQ. ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903

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 May, 2019 at 3:20:34 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 DAVID M GREENBERG

Signature of Authorized Person

Form No. 632 Revised 09/07

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