S S	tate 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)4-2615	
Limited Liability Com 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>2018</u>		
1. ID No. <u>000143595</u>			
2. Exact Name of the Limited Liability Company SYCAMORE ENTERPRISES LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	entity. Download
4. Brief Description of the	e Character of the Business Which	is Actually Conducted i	n Rhode Island
TO ACQUIRE CONSTRUCTION AND RELATED COMPANIES			
5. Principal Office Addres	SS		
	VILCLAR STREET RWICK State:	<u>RI</u> Zip: <u>02886</u> C	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Pers	on:
	Title: /ILCLAR STREET &WICK State:	: <u>RI</u> Zip: <u>02886</u> C	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 First, Middle, Last, Suffix	Addres Address, City or Town, State	
8. RESIDENT AGENT IN F	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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