State of Rhode I Office	sland and Pro of the Secreta			ns F	ee: \$50.0(
	sion Of Business 148 W. River St widence RI 0290	reet 4-2615	3		
HOPE	(401) 222-304	10			
Limited Liability Company Annual Report					
Filing Period: September 1 - November 1					
In accordance with R.I.G.L. 7-16-66(d), each lin to file its annual report within thirty (30) days at 16-66(b&c)) is subject to a penalty fee of \$25.0	ter the time prescr				
ANNUAL REPORT YEAR: 2019					
1. ID No. <u>001340345</u>					
2. Exact Name of the Limited Liability Co	npany <u>GRIFFIN</u>	I CONT	RACT DEW	ATERING, I	LC
3. State of Formation					
State: <u>DE</u>					
	ARTICLE III				
Enter the six digit NAICS Code that best desc the list of codes <u>here</u> . More information on <u>NA</u> <u>238990</u>				,	
4. Brief Description of the Character of the	Business Which	is Actu	ally Conducte	d in Rhode Is	land
CONCEPTION DEWATEDING, CD				TED CONTD	
CONSTRUCTION DEWATERING; GRO SERVICES	UNDWATERA	<u>IND 50</u>	KFACE WA	IEK CONTR	
FOR CONSTRUCTION PROJECTS;EN SERVICES;	<u> JINEERING, DI</u>	<u>ESIGN,</u>	AND CONS	<u>ULTING</u>	
DRILLING SERVICES					
5. Principal Office Address					
No. and Street: <u>5306 CLINTON DRI</u>	<u>'E</u>				
City or Town: <u>HOUSTON</u>	State:	<u>TX</u>	Zip: <u>77020</u>	Country: U	<u>SA</u>
6. Mailing Address of Limited Liability Co	npany and Name	or Title	of Contact P	erson:	
Contact Name: Contact Title:					
No. and Street: 5306 CLINTON DRI		τv			
City or Town: HOUSTON	State:	<u>IX</u> Z	Zip: <u>77020</u>	Country: U	<u>SA</u>
7. Name and Address of Each Manager of DO NOT LIST MEMBERS	the Limited Liab	ility Cor	npany, if App	licable.	
Title Individua	I Name		Add	ress	

First, Middle, Last, Suffix

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

NATIONAL REGISTERED AGENTS, 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 22 Day of August, 2019 at 3:36:24 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 JENNYFER RODRIGUEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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