s s	State of Rhode Island and Prov Office of the Secretar		0.00	
	Division Of Business 148 W. River Str Providence RI 02904	reet		
HOPE	(401) 222-304			
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2019				
1. ID No. <u>001658347</u>				
2. Exact Name of the Limited Liability Company $\underline{UZUN + CASE, LLC}$				
3. State of Formation				
State: <u>GA</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
<u>541330</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
STRUCTURAL ENGINEERING CONSULTING				
5. Principal Office Address				
No. and Street: <u>1230 PEACHTREE STREET NE, SUITE 2500</u> City or Town: <u>ATLANTA</u> State: <u>GA</u> Zip: <u>30309</u> Country: <u>USA</u>				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title: No. and Street: <u>1230 PEACHTREE STREET NE, SUITE 2500</u> City or Town: <u>ATLANTA</u> State: <u>GA</u> Zip: <u>30309</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	Address		
MANAGER	First, Middle, Last, Suffix JAMES CASE	Address, City or Town, State, Zip Code, Country	-	
MANAGER	MARTIN CUADRA	1230 PEACHTREE ST NE STE 2500 ATLANTA, GA 30309 USA		
		1230 PEACHTREE ST NE STE 250		

1230 PEACHTREE ST NE STE 250

		ATLANTA, GA 30309 USA
MANAGER	THOMAS PFEIFER	1230 PEACHTREE ST NE STE 2500 ATLANTA, GA 30309 USA
MANAGER	MARY KAY KNIGHT	1230 PEACHTREE ST NE STE 2500 ATLANTA, GA 30309 USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of August, 2019 at 2:20:42 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 MARTIN CUADRA

Signature of Authorized Person

Form No. 632 Revised 09/07

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