



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**STAMP**

Annual Report for the year: **2017**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>000403029</b>		2. Exact name of the Limited Liability Company <b>The Remi Group LLC</b>			
3. NAICS Code <b>444190</b>		4. Brief description of the character of business conducted in Rhode Island <b>Equipment Maintenance Management Services</b>			
5. State of Formation <b>North Carolina</b>					
6. Principal Office Address <b>11325 N. Community House Road, Suite 300</b>			City <b>Charlotte</b>	State <b>NC</b>	Zip <b>28277</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Suzanne Crot</b>			Contact Title <b>Executive Assistant</b>		
Street Address <b>11325 N. Community House Road, Suite 300</b>			City <b>Charlotte</b>	State <b>NC</b>	Zip <b>28277</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Daniel Schuster</b>			Manager Name <b>Brent Howison</b>		
Street Address <b>11325 N. Community House Road, Suite 300</b>			Street Address <b>11325 N. Community House Road, Suite 300</b>		
City <b>Charlotte</b>	State <b>NC</b>	Zip <b>28277</b>	City <b>Charlotte</b>	State <b>NC</b>	Zip <b>28277</b>
Manager Name <b>Brian Landon</b>			Manager Name		
Street Address <b>11325 N. Community House Road, Suite 300</b>			Street Address		
City <b>Charlotte</b>	State <b>NC</b>	Zip <b>28277</b>	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Person <b>Brian A. Landon</b>				Date <b>9/17/19</b>	
Signature of Authorized Person <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
**SEP 25 2019**  
*KL N. LADON*  
*10:28*