St	ate of Rhode Island and I Office of the Secr			5 Fee: \$50.00
HOPE	Division Of Busin 148 W. Rive Providence RI 0 (401) 222-	er Street 2904-2615		
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability c n thirty (30) days after the time pr nenalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2019</u>			
1. ID No. <u>000194512</u>				
2. Exact Name of the Limited Liability Company SCC MATERIALS, LLC				
3. State of Formation				
State: <u>RI</u>				
	ARTICLE I	II		
5	ode that best describes the prim- information on <u>NAICS</u> can be for		conducted by the	e entity. Download
4. Brief Description of the	Character of the Business Wi	nich is Actua	lly Conducted	in Rhode Island
	TION OF MATERIAL FOR 7		-	
5. Principal Office Addres	S			
	<u>OST ROAD, SUITE 114</u> <u>GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Lim	nited Liability Company and Na	ame or Title o	of Contact Pers	son:
	^{Title:} OST ROAD, SUITE 114 GREENWICH	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited I S	iability Com.	pany, if Applic	able.
Title	Individual Name First, Middle, Last, Suffix	Address	Addres , City or Town, Stat	ss e, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTE	२		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STACI L. KOLB, ESQ. 628 CEDAR AVENUE EAST GREENWICH, RI 02818

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

Signed this 21 Day of October, 2019 at 2:54:55 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 CHRISTOPHER W. KOLB

Signature of Authorized Person

Form No. 632 Revised 09/07

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