| | State of Rhode Island and Pro Office of the Secret | | ee: \$50.00 | | | |
|---|--|---|-------------|--|--|--|
| Division Of Business Services 148 W. River Street | | | | | | |
| Providence RI 02904-2615 | | | | | | |
| HOPE | (401) 222-30 | 40 | | | | |
| Limited Liability C Annual Report Filing Period: Septembe | | | | | | |
| to file its annual report | G.L. 7-16-66(d), each limited liability com within thirty (30) days after the time preso o a penalty fee of \$25.00. | | | | | |
| ANNUAL REPORT YE | AR : <u>2019</u> | | | | | |
| 1. ID No. <u>001339464</u> | | | | | | |
| 2. Exact Name of the Limited Liability Company <u>TESINC, LLC</u> | | | | | | |
| 3. State of Formatio | n | | | | | |
| State: <u>DE</u> | | | | | | |
| | ARTICLE III | | | | | |
| - | CS Code that best describes the primary More information on <u>NAICS</u> can be found | | vnload | | | |
| <u>551114</u> | | | | | | |
| 4. Brief Description of | of the Character of the Business Whic | h is Actually Conducted in Rhode Is | land | | | |
| ENGINEERING SE | RVICES FOR TELECOMMUNICAT | TIONS INDUSTRY | | | | |
| 5. Principal Office Ac | ldress | | | | | |
| No. and Street: 5905 BRECKENRIDGE PARKWAY | | | | | | |
| | <u>TE F</u> MPA | State: <u>FL</u> Zip: <u>33610</u> Country: | <u>USA</u> | | | |
| 6. Mailing Address o | f Limited Liability Company and Nam | e or Title of Contact Person: | | | | |
| No. and Street: 11 | <u>AL DEPARTMENT</u> Contact Title: <u>780 US HIGHWAY 1</u> JITE 600 | | | | | |
| | | te: <u>FL</u> Zip: <u>33408</u> Country: <u>L</u> | JSA | | | |
| 7. Name and Addres DO NOT LIST MEN | s of Each Manager of the Limited Lia IBERS | bility Company, if Applicable. | | | | |
| Title | Individual Name | Address | | | | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Co | ountry | | | |
| MANAGER | STEVEN NIELSEN | 11780 US HWY 1, STE 600 | | | | |

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H. ANDREW DEFERRARI

PALM BEACH GARDENS, FL 33408 USA

11780 US HWY 1, STE 600 PALM BEACH GARDENS, FL 33408 USA

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

CT CORPORATION SYSTEM 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 5 Day of December, 2019 at 7:55:43 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 <u>H. ANDREW DEFERRARI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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