s and the second	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00			
Division Of Business Services						
148 W. River Street						
Providence RI 02904-2615 (401) 222-3040						
HOPE	(401) 222-304	+0				
Limited Liability Com	ipany					
Annual Report Filing Period: September 1	November 1					
rilling renou. September i						
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.					
ANNUAL REPORT YEAR:	<u>2019</u>					
1. ID No. <u>001339464</u>						
2. Exact Name of the Limited Liability Company $\underline{TESINC, LLC}$						
3. State of Formation						
State: <u>DE</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.						
551114						
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island			
ENGINEERING SERVICES FOR TELECOMMUNICATIONS INDUSTRY						
5. Principal Office Addre	ess					
No. and Street: 5905 BRECKENRIDGE PARKWAY						
SUITE TAMP						
City or Town: <u>TAMP</u>	A	State: <u>FL</u> Zip: <u>33610</u> Co	ountry: <u>USA</u>			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:				
Contact Name: LEGAL DEPARTMENT Contact Title:						
No. and Street: <u>1178(</u> SUITI	<u>) US HIGHWAY 1</u> = 600					
		e: <u>FL</u> Zip: <u>33408</u> Cour	ntry: <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				
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country			
MANAGER	STEVEN NIELSEN	11780 US HWY 1, ST	FE 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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