6. Mailing Addres Contact Name: No. and Street: City or Town:	37 THURBER BOU SUITE 107 SMITHFIELD ss of Limited Liability Contact Title: <u>37 THURBER BOU SUITE 107</u> SMITHFIELD dress of Each Manage	St Company and Name <u>JLEVARD</u> Sta	ate: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>	
6. Mailing Addres Contact Name: No. and Street:	37 THURBER BOU SUITE 107 SMITHFIELD ss of Limited Liability Contact Title: <u>37 THURBER BOI</u> SUITE 107	St Company and Name	or Title	of Contact Per	son:	
6. Mailing Addres	37 THURBER BOU SUITE 107 SMITHFIELD ss of Limited Liability Contact Title: <u>37 THURBER BOI</u>	St Company and Name			·	
6. Mailing Addres	<u>37 THURBER BOU</u> <u>SUITE 107</u> <u>SMITHFIELD</u> ss of Limited Liability	St			·	
-	<u>37 THURBER BOU</u> SUITE 107 SMITHFIELD	St			·	
	<u>37 THURBER BOU SUITE 107</u>		ate: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>	
No. and Street: City or Town:						
5. Principal Offic	e Auuless					
				<u>ETORIOSE.</u>		
ENGINEERING AND CONSULTING AND ANY OTHER LEGAL PURPOSE.						
4. Brief Descripti	on of the Character of	the Business Which	is Actua	Ily Conducted	in Rhode Island	
<u>541330</u>						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.						
		ARTICLE III				
3. State of Form State: <u>RI</u>	ation					
2. Exact Name of the Limited Liability Company <u>SitelogIQ Government Solutions LLC</u>						
1. ID No. <u>000129256</u>						
ANNUAL REPORT YEAR: 2019						
	iect to a penalty fee of \$	525.00.				
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-						
Limited Liabilit Annual Report Filing Period: Septe	· · ·					
HOPE		Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615			
		de Island and Pro ice of the Secreta	ry of St		S Fee: \$50.00	

First, Middle, Last, Suffix

JAMES LEE

MANAGER

Address, City or Town, State, Zip Code, Country

11611 SAN VICENTE BLVD., SUITE 700

		LOS ANGELES, CA 90049 USA			
MANAGER	JOHN RIZZO	37 THURBER BLVD., SUITE 107 SMITHFIELD, RI 02917 USA			
MANAGER	JASON LEE	11611 SAN VICENTE BLVD., SUITE 700 LOS ANGELES, CA 90049 USA			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 JOHN J. RIZZO <u>260 BONNET POINT ROAD</u> <u>NARRAGANSETT</u> , <u>RI</u> <u>02882</u>					
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
Signed this 6 Day of April, 2020 at 3:27:54 PM by the authorized person. <i>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.</i>					
By <u>ZACHARY P DAVIS</u> Signature of Authorized Person					
Form No. 632 Revised 09/07					

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