

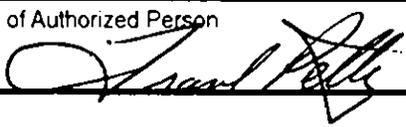


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**  
 AUG 07 2020  
 3725  
 02

**Annual Report for the year: 2019**  
**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<br><b>001671611</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Tri State Building LLC</b>   |                             |                              |                     |
| 3. NAICS Code<br><b>238190</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Erection of pre-engineered metal building systems</b> |                             |                              |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |                             |                              |                     |
| 6. Principal Office Address<br><b>14 Dearborn St.</b>   |       |   | City<br><b>Newport</b>      | State<br><b>RI</b>           | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                              |                     |
| Contact Name <b>Franklin D. Petty, Jr.</b>  |       |   | Contact Title <b>Member</b> |                              |                     |
| Street Address <b>14 Dearborn St.</b>   |       |   | City <b>Newport</b>         | State <b>RI</b>              | Zip <b>02840</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                              |                     |
| Manager Name  |       |   | Manager Name                |                              |                     |
| Street Address  |       |   | Street Address              |                              |                     |
| City  | State | Zip   | City                        | State                        | Zip                 |
| Manager Name  |       |   | Manager Name                |                              |                     |
| Street Address  |       |   | Street Address              |                              |                     |
| City  | State | Zip   | 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<br><b>Franklin D. Petty, Jr.</b>  |       |   |                             | Date<br><b>July 31, 2020</b> |                     |
| Signature of Authorized Person<br>   |       |   |                             |                              |                     |

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