	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Corr Annual Report	npany		
Filing Period: September 1	- November 1		
	. 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>2020</u>		
1. ID No. <u>00014861</u>	<u>6</u>		
2. Exact Name of the Limited Liability Company Cyntergy AEC, LLC			
3. State of Formation			
State: OK			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found		ducted by the entity. Download
<u>541310</u>			
4. Brief Description of th	ne Character of the Business Which	is Actually	Conducted in Rhode Island
ARCHITECTURAL AN	ND ENGINEERING SERVICES		
5. Principal Office Addre	ess		
No. and Street: 810 SO 2ND F	<u>UTH CINCINNATI AVENUE</u> LOOR		
City or Town: TULSA		State: OK	Zip: <u>74119</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	UTH CINCINNATI AVENUE		
City or Town: <u>2ND FL</u>		State: <u>OK</u>	Zip: 74119 Country: USA
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 Ci	tv or Town, State, Zip Code, Country

JAMES E TURNER

810 S. CINCINNATI AVE.

MANAGER

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 27 Day of October, 2020 at 10:37:37 AM 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 JAMES E. TURNER

Signature of Authorized Person

Form No. 632 Revised 09/07

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