



State of Rhode Island

## Department of State - Business Services Division

**Annual Report for the year: 2020 - Amend**  
**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.  
 2021 JUL 23 P 1:35

1. Entity ID Number 000141186		2. Exact name of the Limited Liability Company JF2, LLC			
3. NAICS Code 237130		4. Brief description of the character of bus.ness conducted in Rhode Island UTILITY SERVICE			
5. State of Formation ME					
6. Principal Office Address 9045 N River Road STE 200,			City Indianapolis	State IN	Zip 46240
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address 9045 N River Road STE 200,			City Indianapolis	State IN	Zip 46240
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					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Jennifer Kurz				Date 7/19/2021	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 23 2021

BY

FORM 632 - Revised: 08/2020

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** United States Infrastructure Corporation Corporation, a United States Infrastructure Corporation incorporated under the laws of the state of DE and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the United States Infrastructure Corporation (the "Appointees") those individuals who are officers and/or employees of C.T. Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the United States Infrastructure Corporation and in the United States Infrastructure Corporation's name for the limited purposes authorized herein.

The United States Infrastructure Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to update the entities' mailing and principal office address through amendments, annual reports or other documents in accordance with all governing business entity laws, for the United States Infrastructure Corporation as directed by the United States Infrastructure Corporation in any state.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 06/23/2021

USIC, LLC  
A Delaware Limited Liability Company

By: [Signature]  
Name: BROOKE J. EGAN

Title: SR. VP, LEGAL & CORPORATE SECRETARY

State of: Indiana

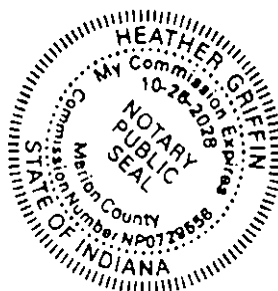
County of: Marion

On 06/23/2021, before me, the undersigned, a Notary Public in and for said State, personally appeared

BROOKE J. EGAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

[Signature]  
Heather Griffin, Notary Public





State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

July 23, 2021 01:35 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

