| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|---|---|-------------------------------------|---------------------|
| HOPE | Division Of Business 148 W. River S Providence RI 0290 (401) 222-304 | Services treet)4-2615 | |
| Limited Liability Comp Annual Report Filing Period: September 1 - | | | |
| 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. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2021 | | | |
| 1. ID No. <u>001674325</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>Thomas Barriers, LLC</u> | | | |
| 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 <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>238120</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| PROVIDE PORTABLE STEEL BARRIERS INTENDED FOR USE AS PART OF A PERIMETER SECURITY SCHEME. | | | |
| 5. Principal Office Addres | S | | |
| | IGLEWOOD DRIVE IINGHAM State | e: <u>MA</u> Zip: <u>01701</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact Title: No. and Street: 5 TANGLEWOOD DRIVE City or Town: FRAMINGHAM State: MA Zip: 01701 Country: USA | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name First, Middle, Last, Suffix | Addre Address, City or Town, Sta | |

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

<u>SUSAN LEACH DEBLASIO, ESQ.</u> <u>1 CITIZENS PLAZA, 8TH FLOOR</u> <u>ADLER POLLOCK & SHEEHAN</u> <u>P.C.</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

Signed this 30 Day of November, 2021 at 5:57:33 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>HELEN GRILLI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved