	State	of Rhode Island	d	Fee: \$50.00
	Office of th	e Secretary of	State	
		Of Business Servi	ices	
		W. River Street nce RI 02904-261	15	
1636		01) 222-3040	1.5	
Limited Liability ( Annual Report Filing Period: Febru				
refusing to file its ar	R.I.G.L. 7-16-66(d), each lim nnual report within thirty (30) 6(b&c)) is subject to a penalt	days after the tin		y
ANNUAL REPORT	YEAR: <u>2023</u>			
1. ID No. <u>00079</u>	97414			
2. Exact Name of the Limited Liability Company <u>AZZ WSI LLC</u>				
3. State of Format	tion			
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>811310</u>				
4. Brief Description Island	n of the Character of the Bu	siness Which is <i>i</i>	Actually Condu	icted in Rhode
WELDING SERV	<u>ICES</u>			
5. Principal Office	Address			
No. and Street:	<u>560 HORIZON DRIVE</u> <u>SUITE 100</u>			
City or Town:	<u>SUWANEE</u>	State: <u>GA</u>	Zip: <u>30024</u>	Country: <u>USA</u>
6. Mailing Address	s of Limited Liability Compa	ny and Name or T	Fitle of Contact	Person:
Contact Name: Co No. and Street:	ontact Title: <u>560 HORIZON DRIVE</u> <u>SUITE 100</u>			
City or Town:	SUWANEE	State: GA	Zip: <u>30024</u>	Country: USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

**Signed this 27 Day of March, 2023 at 7:40:08 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 **BENJAMIN WEDI**

Signature of Authorized Person

Form No. 632 Revised 09/07

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