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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUS SVCS DIV

STAN: 2013 APR 27 P 3: 19

Annual Report for the year: 2021 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|--|---|-----------------------|----------------------|--|
| 1674813 | Renewal Construction Services LLC | | | | |
| 3. NAICS Code | 4. Brief description of th | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531390 | Construction | Construction | | | |
| 5. State of Formation | | | | | |
| New York | | | | | |
| 6. Principal Office Address | ···· | City | State | Zip | |
| 909 3rd Ave 21st Fl | | New York | NY | 10022 | |
| 7. Mailing Address of Limite | d Liability Company and Nam | e or Title of Contact Person | | | |
| Contact Name Jennifer Lawrence | | Contact Title CFO | | | |
| Street Address 909 3rd Ave 21st Fl | | City New York | State NY | ^{Zip} 10022 | |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is acc | urate. Changes requin | filing Form 642. | |
| Under penalty of perjury, statements, and that all st | l declare and effirm that I ha tatements contained herein | ve examined this report, includi are true and correct. | ng any accompanyin | g schedules and | |
| Name of Authorized Person | | | Date | | |
| Jennifer Lawrence | Λ | <u> </u> | 04/20/2023 | | |
| Signature of Authorized Per | Soft Second | | | | |

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MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov