	State of Rhode Island	Fee: \$50.00	
	Office of the Secretary of State		
	Division Of Business Services		
	148 W. River Street		
1636	Providence RI 02904-2615		
(401) 222-3040			
Limited Liability Company Annual Report			
Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2025: 2025			
1. ID No. <u>001706572</u>			
2. Exact Name of the Limited Liability Company Pike Telecom and Renewables, LLC			
3. State of Formation			
State: <u>NC</u>			
NAICS CODE			
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>541611</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TO ENGAGE IN	N EVERY ASPECT OF PROFESSIONAL ENGINEERING INCL	UDING	
TO ENGAGE IN EVERY ASPECT OF PROFESSIONAL ENGINEERING, INCLUDING, WITHOUT			
LIMITATION, THE PRACTICE OF CIVIL, ELECTRICAL AND STRUCTURAL			
ENGINEERING AND			
TO ENGAGE IN ANY AND ALL OTHER LAWFUL BUSINESS IN WHICH A LIMITED			
LIABILITY COMPANY OPCANIZED UNDER CHADER 57D OF THE CENERAL STATUTES OF NC			
<u>COMPANY ORGANIZED UNDER CHAPER 57D OF THE GENERAL STATUTES OF NC</u> MAY ENGAGE.			
5. Principal Office Address			
No. and Street:	5260 PARKWAY PLAZA BLVD.		
	SUITE 150		
City or Town:	CHARLOTTEState: NCZip: 28217Co	ountry: <u>USA</u>	

6. Mailing Address of Limited Liability	Company and Name or Title of Contact Person:
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Contact Name: Contact Title: No. and Street: <u>5260 PARKWAY PLAZA BLVD.</u> SUITE 150

City or Town:

State: NC Zip: 28217 Country: USA

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

CHARLOTTE

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

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

Signed this 3 Day of April, 2025 at 2:06:01 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 <u>MARK P. BUDD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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