	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-304		
HOPE		10	
imited Liability Cor	npany		
nnual Report	1 - November 1		
		oon folling or refuging	
	7-16-66(d), each limited liability comp hin thirty (30) days after the time presc		
6-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2016</u>		
1. ID No. <u>00079021</u>	.7		
2. Exact Name of the L	imited Liability Company Bank Ca	pital Services LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	ARTICLE III		
Using the following NAIC	ARTICLE III S codes, please select the code that b	est describes your bu	siness.
Using the following NAIC		est describes your bu	7
NAICS Code	S codes, please select the code that b	6	<u>48-49</u>
NAICS Code		6	<u>48-49</u>
NAICS Code 4. Brief Description of t	S codes, please select the code that b	6	<u>48-49</u>
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NAICS Code 4. Brief Description of t COMMERCIAL EQUI	S codes, please select the code that b he Character of the Business Which PMENT LEASING	6	<u>48-49</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

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

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

Signed this 27 Day of October, 2016 at 5:14:21 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>GARY P. COOK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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