

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $^{2013}$

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

State of Formation   4. Brief description of the character of business conducted in Rhode Island   asset management	1. Entity ID No.	2. Exact nam	ne of the limited liab	ollity company		
Asset management  5. Principal office address 10 Dorrance Street 11 Dorrance Street 12 Providence 12 Providence 13 RI 14 Doyno State 15 Principal office address Contact Title Evan Gelacek Contact Title Evan Gelacek Contact Title Authorized Person  City State 21p New York NY 10001  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address City State Zip City State Zip Manager Name  Street Address  City State Zip City State Zip Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip  City State Zip  Manager Name  Street Address  City State Zip  This Information is currently of record in the Office of the Secretary of State, Changes require filing Form 642.	790937	Firefly MA	A Investments I, I	LLC		
5. Principal office address 10 Dorrance Street 10 D	3. State of Formation	4. Brief desc	ription of the chara	cter of business conducted in R	hode Island	
10 Dorrance Street  Street Address  Contact Name Evan Gelacek  Street Address  City  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  New York  Manager Name  Street Address  City  State  Zip  None York  Manager Name  Manager Name  Street Address  City  State  Zip  None York  Manager Name  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip  This Information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	MA	asset mana	gement		i	
G. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Evan Gelacek  Street Address  City New York NY 10001  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City State Zip City State Zip City State Zip City State Zip  Manager Name  Manager Name  Street Address  City State Zip City State Zip  City State Zip  Manager Name  Manager Name  Street Address  City State Zip City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip  City State Zip	5. Principal office addres	s		1 -		
Contact Name Evan Gelacek  Street Address 601 West 26th Street, Suite 1520 City New York NY 10001  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						02903
Evan Gelacek  Street Address 601 West 26th Street, Suite 1520  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  The Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	6. MAILING ADDRESS (	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	
New York   NY   10001					ı	
Manager Name   Manager Name		, Suite 1520		1 - 1 - 2		
Manager Name  Street Address  City State Zip City State Zip Manager Name  Manager Name  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip City State Zip  This Information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	7, LIST <u>all</u> Manager	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
City State Zip City State Zip  Manager Name  Manager Name  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.	Manager Name	Paramatan ng Param		Manager Name		
Manager Name  Street Address  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State, Changes require filling Form 642.	Street Address			Street Address		
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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

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Signature of Authorized Po

Evan Gelacek

Print or Type Name of Authorized Person

OCT 21 2013 By 49-208709 A.A.

FILED

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