

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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	
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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		
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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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