

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report 2015

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company falling 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: 2015	
1. ID No. <u>000526282</u>	
2. Exact Name of the Limited Liability Company Middleland Endowment I LLC	
3. State of Formation	
State: <u>DE</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
Management Services	FILED OCT-0.7-2015
5. Principal Office Address	0.11
No. and Street: 50 PARK ROW WEST, S	SUITE 113
City or Town: PROVIDENCE	State: RI Zip: 02903 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Matthew A Thibault Contact T	
No. and Street: <u>50 PARK ROW WEST.</u> City or Town: <u>PROVIDENCE</u>	State: RI Zip: 02903 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Name	Address Address, City or Town, State, Zip Code, Country
ARTHUR X. DUFFY	C/O REX CAPITAL ADVISORS LLC 50 PARK ROW WEST, STE 113 PROVIDENCE, RI 02903 USA
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11



ARTHUR X. DUFFY REX CAPITAL ADVISORS LLC 50 PARK ROW WEST, SUITE 113 PROVIDENCE, RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Matthew A Thibault
Business Name: Rex Capital Advisors
No. and Street: 50 Park Row West

Suite 113

City or Town: Providence

vidence State: <u>RI</u> Zip: <u>02903</u>

Contact Phone: (401) 383-5370 ext:

Contact Email: <u>mthibault@rexcapital.com</u>

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of September, 2015 at 10:00:48 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 Arthur X Duffy

Signature of Authorized Person

" LED

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Make Corrections

BY_

Accept

Country: <u>USA</u>

Form No. 632 Revised 09/07

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