Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(th) each limited liability company failing or refusing to file its annual report within hirty (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. 000971844 2. Exact Name of the Limited Liability Company Harbor Land Strategic Realty LLC 3. State of Formation State: DE 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Managing real estate. 5. Principal Office Address No. and Street: THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER, 1209 ORANGE STREET City or Town: WILMINGTON State: DE Zip: 19801Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: TATE THOMPSON LANE, SUITE 108256 City or Town: MASHVILLE State: TN Zip: 32704 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER JESE P. SCHAUDIES, JR.
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to the ist 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. 0009711844 2. Exact Name of the Limited Liability Company Harbor Land Strategic Realty LLC 3. State of Formation State: DE 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Managing real estate. 5. Principal Office Address No. and Street: THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER, 1209 ORANGE STREET City or Town: WILMINGTON State: DE Zip: 19801Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 718 THOMPSON LANE, SUITE 108256 City or Town: MASHVILLE 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Title Individual Name Address, City or Town, State, Zip Code, Coun
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WILMINGTON, DE 19801 USA
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PROVIDENCE, RI 02914

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

Signed this 25 Day of April, 2016 at 4:01:56 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 JOHN DORRIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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