	State of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
Limited Liability Co	mpany		
Annual Report Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability com thin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2016</u>		
1. ID No. <u>0013393</u>	57		
2. Exact Name of the l	Limited Liability Company <u>OBJEC</u>	<u>Г N, LLC</u>	
3. State of Formation			
State: <u>DE</u>			
State: <u>DE</u>	ARTICLE III		
	ARTICLE III CS codes, please select the code that b	est describes your busine	255.
	-	est describes your busine	ess. <u>52</u>
Using the following NAIC	-	6	<u>52</u>
Using the following NAIC	CS codes, please select the code that b	6	<u>52</u>
Using the following NAIC	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS	6	<u>52</u>
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS	is Actually Conducted	<u>52</u>
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add No. and Street: 2711 C	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS	is Actually Conducted	<u>52</u> in Rhode Island
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add No. and Street: 2711 C City or Town: WILM	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS ress CENTERVILLE ROAD, SUITE 400	6 n is Actually Conducted State: DE Zip: 198	<u>52</u> in Rhode Island
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add No. and Street: 2711 C City or Town: WILM 6. Mailing Address of L	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS ress CENTERVILLE ROAD, SUITE 400 UNGTON -imited Liability Company and Name	6 n is Actually Conducted State: DE Zip: 198	<u>52</u> in Rhode Island
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add No. and Street: 2711 (City or Town: WILM 6. Mailing Address of L Contact Name: <u>NEWT</u> No. and Street: 460	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS ress CENTERVILLE ROAD, SUITE 400 UNGTON -imited Liability Company and Name ON HOWARD Contact Title: OWNER ROCHAMBEAU AVE	Image: State in the second	<u>52</u> in Rhode Island
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Addr No. and Street: 2711 C City or Town: WILM 6. Mailing Address of L Contact Name: NEWT No. and Street: 460 City or Town: PRC	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS ress CENTERVILLE ROAD, SUITE 400 IINGTON imited Liability Company and Name ON HOWARD Contact Title: OWNER ROCHAMBEAU AVE DVIDENCE Sta	State: DE Zip: 198 or Title of Contact Pers X/MANAGER te: RI Zip: 02906	<u>52</u> in Rhode Island 308 Country: <u>USA</u> son: Country: <u>USA</u>
Using the following NAIC NAICS Code 4. Brief Description of the MANAGING FAMIL 5. Principal Office Add No. and Street: 2711 C City or Town: WILM 6. Mailing Address of L Contact Name: NEWT No. and Street: 460 City or Town: PRC 7. Name and Address of	CS codes, please select the code that be the Character of the Business Which Y OFFICE HOLDINGS ress CENTERVILLE ROAD, SUITE 400 IINGTON imited Liability Company and Name ON HOWARD Contact Title: OWNER ROCHAMBEAU AVE DVIDENCE Sta	State: DE Zip: 198 or Title of Contact Pers X/MANAGER te: RI Zip: 02906	<u>52</u> in Rhode Island 308 Country: <u>USA</u> son: Country: <u>USA</u> :able.

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 9 Day of September, 2016 at 3:11:56 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 <u>NEWTON HOWARD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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