State of Rhode Island and Providence Plantations Fee Office of the Secretary of State				
HOPE	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615		
Limited Liability Co	mpany			
Annual Report Filing Period: September	1 - November 1			
n accordance with R.I.G.	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time prese			
ANNUAL REPORT YEA	<b>R</b> : <u>2016</u>			
<b>1. ID No.</b> <u>0014454</u>	<u>35</u>			
2. Exact Name of the Limited Liability Company RockLoans Marketplace LLC				
3. State of Formation				
State: MI				
	ARTICLE III			
Using the following NAIC	CS codes, please select the code that I	pest describes your busi	ness.	
Using the following NAIC	S codes, please select the code that I	best describes your busi	ness. <u>52</u>	
NAICS Code		6	<u>52</u>	
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		
MANAGER	JAY FARNER	1050 WOODWARD AVENUE DETROIT , MI 48226 USA		
MANAGER	STEVE LINDEN	1070 WOODWARD AVE DETROIT, MI 48226 USA		
MANAGER	TODD LUNSFORD	1274 LIBRARY STREET, 2ND FLOOR DETROIT, MI 48226 USA		
<ul> <li>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11</li> <li><u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914</li> <li>9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).</li> </ul>				
signature of the individu acknowledgement of the individual's act and deed	al or individuals signing this ir signatory, under penalties of p d or the act and deed of the con e electronic filing, in complianc	by the authorized person. This electronic estrument constitutes the affirmation or perjury, that this instrument is that apany, and that the facts stated herein are with R.I. Gen. Laws § 7-16.		
Form No. 632 Revised 09/07				