	State of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.
	Division Of Business	Services	
	148 W. River S	treet	
	Providence RI 0290		
HOPE	(401) 222-304	40	
imited Liability (Company		
Annual Report			
Filing Period: Septeml	ber 1 - November 1		
o file its annual report	I.G.L. 7-16-66(d), each limited liability com t within thirty (30) days after the time presc to a penalty fee of \$25.00.		
ANNUAL REPORT Y	EAR: <u>2016</u>		
1. ID No. <u>00014</u>	9919		
2. Exact Name of the	he Limited Liability Company Keyserto	on, LLC	
3. State of Formation	on		
State: <u>GA</u>			
	ARTICLE III		
Lising the following N		est describes your bus	siness
Using the following N	ARTICLE III AICS codes, please select the code that b	est describes your bus	siness.
Using the following N		est describes your bus	siness. <u>531120</u>
NAICS Code	AICS codes, please select the code that b	6	<u>531120</u>
NAICS Code		6	<u>531120</u>
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NAICS Code 4. Brief Description	AICS codes, please select the code that b of the Character of the Business Which VESTMENTS	6	<u>531120</u>
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NAICS Code 4. Brief Description REAL ESTATE IN 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Cor No. and Street: City or Town: 2 City or Town: 2 City or Town: 3 7. Name and Addrese	AICS codes, please select the code that b of the Character of the Business Which <u>VESTMENTS</u> address <u>222 GRAND AVENUE</u> ENGLEWOOD State: of Limited Liability Company and Name ntact Title: <u>222 GRAND AVENUE</u> ENGLEWOOD State: ss of Each Manager of the Limited Liab	NJ Zip: 07631 e or Title of Contact F NJ Zip: 07631 oility Company, if Ap	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
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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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST 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 16 Day of September, 2016 at 10:03:22 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 MICHAEL SCHMIDT

Signature of Authorized Person

Form No. 632 Revised 09/07

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