State of Rhode Island and Providence Pl	lantations	
Department of State - Busine	ess Services Division	
Annual Report for the year:   Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00		

→ Penalty: Additional \$25.00 fee if form is not filed by December 1. 1. Entity ID Number 2. Exact name of the Limited Liability Company Coastal Management Group LCC

4. Brief description of the character of business conducted in Rhode Island

Investment, Financial, + Hedge Fund Management 146130 5. State of Formation RI 6. Principal Office Address State 02882 Contact Title 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address Street Address City . State State Zip Manager Name ne Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Person Signature of Authorized Persony SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
SEP 19 2016

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