State of Rhode Island and Providence Plantations Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Pling Pendod: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to line its annual report within thiry (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: 2016         1. ID No. 000138280         2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u> 3. State of Formation State: DE         ARTICLE II         Using the following NAICS codes, please select the code that best describes your business.         INTICLE II         Using the following NAICS codes, please select the code that best describes your business.         INTICLE II         Using the following NAICS codes, please select the code that best describes your business.         INTICLE II         Using the following NAICS codes, please select the code that best describes your business.         INTICLE II         Using the following NAICS codes, please select the code that best describes your business.         Intit Code <th></th> <th></th> <th></th> <th></th>					
I48 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(0.601) days after the time prescribed by law (R.I.G.L. 7-16-66(0.601) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No. 000138280         2. Exact Name of the Limited Liability Company A&E Signature Service, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street: 3333 BEVERLY ROAD         City or Town: HOFFMAN ESTATES         State: IL Zip: 60179 Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         State: IL Zip: 60179 Country: USA				Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1       In accordance with R1 CL 7-16-66(d), each limited liability company failing or refusing to file its 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: 2016       1         1. ID No.       000138280         2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u> 3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         AITICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Setter: IL zip: 60179         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	Division Of Business Services				
(401) 222-3040         Limited Liability Company Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(b8(d), each limited liability company failing or refusing to file its annual report with filtry (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2016         1. ID No. 000138280         2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u> 3. State of Formation State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SERVICE         State:::::::::::::::::::::::::::::::::::					
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(0), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(08(0)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 000138280 2. Exact Name of the Limited Liability Company A&E Signature Service, LLC 3. State of Formation State: DE ARTICLE II Using the following NAICS codes, please select the code that best describes your business. NAICS Code 81 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SERVICE 5. Principal Office Address No. and Street: 3333 BEVERLY ROAD City or Town: HOFFMAN ESTATES State: IL Zip: 60179 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3333 BEVERLY ROAD, B2-116B City or Town: HOFFMAN ESTATES State: IL Zip: 60179 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
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 refusing to file its 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: 2016         1. ID No.       000138280         2. Exact Name of the Limited Liability Company A&E Signature Service, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       §1         AITICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       §1         AITICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       §1         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Service         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD         City or Town:       HOFFMAN ESTATES       State: IL zip: 60179 Country: USA         6. Mailing Addres	HOPE	(401) 222-30	)40		
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 refusing to file its 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:       2016         1. ID No.       000138280         2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u> 3. State of Formation       State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       §1         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       §1         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD         City or Town:       HOFFMAN ESTATES       State: IL Zip: 60179       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B	Limited Liability Com	ipany			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) 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: 2016  1. ID No. 000138280  2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u> 3. State of Formation State: DE  ARTICLE II  Using the following NAICS codes, please select the code that best describes your business. NAICS Code  81  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SERVICE  5. Principal Office Address No. and Street: <u>3333 BEVERLY ROAD</u> City or Town: <u>HOFFMAN ESTATES</u> State: IL Zip: <u>60179</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: <u>3333 BEVERLY ROAD</u> City or Town: <u>HOFFMAN ESTATES</u> State: IL Zip: <u>60179</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: <u>3333 BEVERLY ROAD</u> City or Town: <u>HOFFMAN ESTATES</u> State: IL Zip: <u>60179</u> Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
to file its 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: 2016  1. ID No. 000138280  2. Exact Name of the Limited Liability Company A&E Signature Service, LLC  3. State of Formation State: DE  ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code  81  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SERVICE  5. Principal Office Address No. and Street: 3333 BEVERLY ROAD City or Town: HOFFMAN ESTATES State: IL Zip: 60179 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3333 BEVERLY ROAD, B2-116B City or Town: HOFFMAN ESTATES State: IL Zip: 60179 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Filing Period: September 1	- November 1			
1. ID No.       000138280         2. Exact Name of the Limited Liability Company A&E Signature Service, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD         City or Town:       HOFFMAN ESTATES         State:       IL         No. and Street:       3333 BEVERLY ROAD         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL       Zip: 60179       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       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD	to file its annual report with	in thirty (30) days after the time pres			
2. Exact Name of the Limited Liability Company A&E Signature Service, LLC         3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       6         81       6         A Bit         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD         City or Town:       HOFFMAN ESTATES       State: IL       Zip: 60179       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES       State: IL       Zip: 60179       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name       Address         Address         Address         Address       CHRISTOPHER R. GRANGER       333 BE	ANNUAL REPORT YEAR	2016			
3. State of Formation         State: DE         ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       6       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD         City or Town:       HOFFMAN ESTATES       State: IL       Zip: 60179       Country: USA         6 Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES       State: IL       Zip: 60179       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address       Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD       333 BEVERLY ROAD	1. ID No. <u>00013828</u>	<u>0</u>			
ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         State: IL       Zip: 60179         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179       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         Address       City or Town, State, Zip Code, Country         MANAGER       OHRISTOPHER R. GRANGER       3333 BEVERLY ROAD	2. Exact Name of the Limited Liability Company <u>A&amp;E Signature Service, LLC</u>				
ARTICLE III         Using the following NAICS codes, please select the code that best describes your business.         MAICS Code       81         ARTICLE III         INAICS Code         MAICS Code         MAICS Code         MAICS Code         MAICS Code         MAICS Code         INAICS Code         MAICS Code         INAICS EXACTLY ROAD         INAIDE Contact Title:         No. and Street: 3333 BEVERLY ROAD, B2-116B         City or Town: HOFFMAN ESTATES         St	3. State of Formation				
Using the following NAICS codes, please select the code that best describes your business.          MAICS Code       81         A.Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Contact Title:         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         State:       IL         Zip:       60179         Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         HOFFMAN ESTATES       State:         Ying:       60179         Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         HOFFMAN ESTATES       State:         Ying:       60179         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       CHRISTOPHER R. GRANGER         3333 BEVERLY ROAD	State: <u>DE</u>				
MAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Contact Name:       Contact Title: No. and Street:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         Contact Title:       State:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         Contact Title:       State:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country       333 BEVERLY ROAD         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD		ARTICLE III			
NAICS Code       81         A. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Contact Name:       Contact Title: No. and Street:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         Contact Name:       Contact Title: No. and Street:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         Contact Title:       State:         No. and Street:       3333 BEVERLY ROAD, B2-116B City or Town:         MOFFMAN ESTATES       State:         Ito PFMAN ESTATES       State:         Ito PFMAN ESTATES       State:         Ito PFMAN ESTATES       State:         Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Ito Individual Name       Address         Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER         3333 BEVERLY ROAD       3333 BEVERLY ROAD					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER         3333 BEVERLY ROAD       3333 BEVERLY ROAD	Using the following NAICS codes, please select the code that best describes your business.				
SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179         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       CHRISTOPHER R. GRANGER	NAICS Code		6 81		
SERVICE         5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State: IL       Zip: 60179         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       CHRISTOPHER R. GRANGER	4 Drief Description of th	a Character of the Dusiness Whie	h is Astually Conducted in Dha		
5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER	4. Bhei Description of th		IT IS Actually Conducted III Kno		
5. Principal Office Address         No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER					
No. and Street:       3333 BEVERLY ROAD HOFFMAN ESTATES       State: IL       Zip:       60179       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B       State: IL       Zip:       60179       Country: USA         City or Town:       HOFFMAN ESTATES       State: IL       Zip:       60179       Country: USA         Address       On and Street:       3333 BEVERLY ROAD, B2-116B       State: IL       Zip:       60179       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       Do NOT LIST MEMBERS       Address       Address         Title       Individual Name       Address       Address       Address       Address       Address         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD       333 BEVERLY ROAD	<u>SERVICE</u>				
City or Town:       HOFFMAN ESTATES       State: IL       Zip:       60179       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         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       CHRISTOPHER R. GRANGER	5. Principal Office Addre	ess			
City or Town:       HOFFMAN ESTATES       State: IL       Zip:       60179       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         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       CHRISTOPHER R. GRANGER					
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         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       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD					
Contact Name:       Contact Title:         No. and Street:       3333 BEVERLY ROAD, B2-116B         City or Town:       HOFFMAN ESTATES         State:       IL         Zip:       60179         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         Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER	City or Town: <u>HO</u>	FFMAN ESTATES Stat	e: $\underline{IL}$ Zip: $\underline{601/9}$ Countr	y: <u>USA</u>	
No. and Street: City or Town:       3333 BEVERLY ROAD, B2-116B HOFFMAN ESTATES       State: IL       Zip:       60179       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name First, Middle, Last, Suffix       Address         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD	6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:		
No. and Street: City or Town:       3333 BEVERLY ROAD, B2-116B HOFFMAN ESTATES       State: IL       Zip:       60179       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name First, Middle, Last, Suffix       Address         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country 3333 BEVERLY ROAD	Original New Construct	<b>T</b> :41			
City or Town:       HOFFMAN ESTATES       State: IL       Zip:       60179       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 Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD					
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD			State: IL Zip: 60179 Cou	ntrv: USA	
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       CHRISTOPHER R. GRANGER       3333 BEVERLY ROAD	.,		000	· , <u>·</u>	
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country           MANAGER         CHRISTOPHER R. GRANGER         3333 BEVERLY ROAD					
MANAGER CHRISTOPHER R. GRANGER 3333 BEVERLY ROAD	Title	Individual Name	Address		
3333 BEVERLY ROAD		First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country	
	MANAGER	CHRISTOPHER R. GRANGER			

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 21 Day of September, 2016 at 3:44:26 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 CHRISTOPHER R. GRANGER

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved