	State of Rhode Island and Pr Office of the Secret		Fee: \$50.0
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029 (401) 222-30		
HOPE	(401) 222-3(J40	
_imited Liability Cor	npany		
Annual Report Filing Period: September	1 - November 1		
		·····	
	7-16-66(d), each limited liability con hin thirty (30) days after the time pres		
, 16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR	:: <u>2016</u>		
1. ID No. <u>00015343</u>	<u>32</u>		
2. Exact Name of the L	imited Liability Company De Lag	e Landen Public Finance LI	<u>.C</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Using the following NAIC	ARTICLE III S codes, please select the code that	best describes your business	5.
Using the following NAIC			s. 3 <u>1</u>
NAICS Code		6	31
NAICS Code	S codes, please select the code that	6	31
NAICS Code	S codes, please select the code that he Character of the Business Whic	6	31
NAICS Code 4. Brief Description of t EQUIPMENT LEASIN	S codes, please select the code that he Character of the Business Whic	6	<u>31</u>
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NAICS Code 4. Brief Description of t EQUIPMENT LEASIN 5. Principal Office Addr No. and Street: 1111 (City or Town: WAY:	S codes, please select the code that he Character of the Business Whic IG ess DLD EAGLE SCHOOL ROAD	th is Actually Conducted in State: <u>PA</u> Zip: <u>19087</u>	<u>Rhode Island</u> Country: <u>USA</u>
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NAICS Code 4. Brief Description of t EQUIPMENT LEASIN 5. Principal Office Addr No. and Street: 1111 (COMPART) City or Town: WAY: 6. Mailing Address of L Contact Name: Contact No. and Street: 1111 (COMPART) G. Mailing Address of L Contact Name: Contact No. and Street: 1111 (COMPART) Contact Name: CONTACT No. and Street: 1111 (COMPART) Contact Name: CONTACT No. and Street: 1111 (COMPART) City or Town: WANE 7. Name and Address of COMPART)	S codes, please select the code that he Character of the Business Whice IG ess DLD EAGLE SCHOOL ROAD NE imited Liability Company and Nam t Title: DLD EAGLE SCHOOL ROAD A of Each Manager of the Limited Lia	th is Actually Conducted in State: <u>PA</u> Zip: <u>19087</u> The or Title of Contact Person State: <u>PA</u> Zip: <u>19087</u>	Rhode Island Country: <u>USA</u> on: Country: <u>USA</u> ble.

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 7 Day of October, 2016 at 11:48:06 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 <u>PETER OCHROCH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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