	State of Rhode Island and Providence Plantations Department of State - Business Services Division
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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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
1002841	CalSar, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and Real Estate			nor or business bondastad in r	Tirodo foldific			
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
30 Exchange Terrace - 2nd Flo	or		Providence	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Michael Hennesse	y		Contact Title Member				
Street Address 30 Exchange Terrace - 2nd Floor			City Providence	State RI	^{Zip} 02903		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name		,	Manager Name				
Street Address		•	Street Address				
City	State	Zip	City	State	Zip		
	Check the box to indi	cate 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					Date		
William R. Landry, Attorney	10/ <u>@</u> /16	10/ <u>6</u> /16					
Signature of Authorized Person WHOSEN DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2016