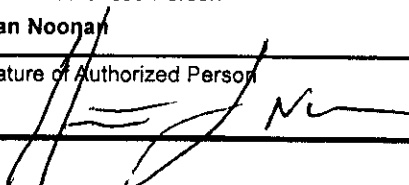




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2016  
**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 <b>000900585</b>		2. Exact name of the Limited Liability Company <b>Manor Resources, LLC</b>			
3. NAICS Code <b>52 - Finance and Insurance</b>		4. Brief description of the character of business conducted in Rhode Island <b>Consumer loan lender</b>			
5. State of Formation <b>Delaware</b>					
6. Principal Office Address <b>33 N LaSalle Street, Suite 1300</b>		City <b>Chicago</b>		State <b>IL</b>	Zip <b>60602</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Kieran Noonan</b>			Contact Title <b>Manager</b>		
Street Address <b>33 N LaSalle Street, Suite 1300</b>		City <b>Chicago</b>		State <b>IL</b>	Zip <b>60602</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Kieran Noonan and Johan Eveland</b>			Manager Name <b>Kurt Butenhoff</b>		
Street Address <b>33 N LaSalle Street, Suite 1300</b>			Street Address <b>33 N LaSalle Street, Suite 1300</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip <b>60602</b>	City <b>Chicago</b>	State <b>IL</b>	Zip <b>60602</b>
Manager Name <b>David Dekker</b>			Manager Name <b>Robert Ross</b>		
Street Address <b>33 N LaSalle Street, Suite 1300</b>			Street Address <b>33 N LaSalle Street, Suite 1300</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip <b>60602</b>	City <b>Chicago</b>	State <b>IL</b>	Zip <b>60602</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Kieran Noonan</b>				Date <b>11/1/14</b>	
Signature of Authorized Person 				SIGN 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**

NOV 01 2016

By R 287524 FORM 632 - Revised: 08/2016