



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

*Amended*

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>960557</b>		2. Exact name of the limited liability company <b>CommonBond Lending, LLC</b>			
3. State of Formation <b>DE</b>		4. Brief description of the character of business conducted in Rhode Island <b>Student lending</b>			
5. Principal office address <b>524 Broadway, 6th Floor</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10012</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Nathan Howard</b>		Contact Title <b>Internal Counsel</b>			
Street Address <b>524 Broadway, 6th Floor</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10012</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>David Klein</b>		Manager Name			
Street Address <b>524 Broadway, 6th Floor</b>		Street Address			
City <b>New York</b>	State <b>NY</b>	Zip <b>10012</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

FEB 03 2017

BY CK 12:23

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

01/17/2017

Date

**Nathan Howard**

Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

