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A	State: <u>PA</u> Zip: <u>19406</u> Country: <u>USA</u>
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ICE BOULEVARD, 4TH	
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ager of the Limited Liability	[,] Company, if Applicable.
Individual Name	Address
Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	nager of the Limited Liability

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST 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 2 Day of March, 2017 at 10:16:34 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>KRISTINE DALY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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