State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence R1 02904-2615 (401) 222-3040 Colspan="2">Content R102904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b.8(d), each limited liability company failing or refusing to file its annual report within ritry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.8(c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropown labeled NAICS Code below, select the classification tile that describes the prior of business in which your entity engages. The box to the right of the dropdown will populate a NAICS based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. INAICS Code 523.902 Acting the Argo Address No. and Street: 226 EAST NEW YORK STREET City or Town: 51012.002 Countti NIMANAPOLIS State: IN Zip: 46202 Countti Contact Name:	
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 Exact Name of the Limited Liability Company Capital Cities, LLC, State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the prior of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here</u> . NAICS Code <u>523930</u> Article Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY State: IN Zip: <u>46202</u> Countu 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN Zip: <u>46202</u> Countu 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	Fee: \$50.00
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b2c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Citics, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. NAICS Code 6 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address State: IN Zip: 46202 Countit No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countit 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 426 EAST NEW YORK STREET Cip: 46202 Countit <	
Annual Report "Biling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the priof business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. NAICS Code 6 52.3930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address State: IN Zip: 46202 Count 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Count 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
h accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. NAICS Code 6 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS 5. State: IN Zip: 46202 Countur 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS 5. State: IN Zip: 46202 Countur 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
o file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here</u> . NAICS Code 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS 5. State: IN Zip: <u>46202</u> Countur 5. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS 5. State: IN Zip: <u>46202</u> Countur 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
1. ID No. 001659554 2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here</u> . NAICS Code 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Contact Title: No. and Street: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 426 EAST NEW YORK STREET Tip: 46202 Countr Contact Name: Contact Title: Tip: 46202 Countr	
2. Exact Name of the Limited Liability Company Capital Cities, L.L.C. 3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here</u> . NAICS Code S23930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN Zip: <u>46202</u> Countt 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN Zip: <u>46202</u> Countt 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
3. State of Formation State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the priof business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. NAICS Code 6 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address 5 State: IN Zip: 46202 Countri 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countri Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countri Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countri Contact Title: No. and Street: 426 EAST NEW YORK STREET Contact Title:	
State: IN ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the prior of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification click here. INAICS Code Image: Signature of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY Image: Signature of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY State: IN Zip: 46202 Countre 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countre Street: Q26 EAST NEW YORK STREET Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countre 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the priof business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code Image: State into the box on the right. For f assistance with selecting a classification <u>click here.</u> No. and Street: <u>426 EAST NEW YORK STREET</u> Countre f and the contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> Countre f and Street: <u>426 EAST NEW YORK STREET</u> No. and Street: <u>426 EAST NEW YORK STREET</u> Countre f and Street: <u>426 EAST NEW YORK STREET</u> No. and Street: <u>426 EAST NEW YORK STREET</u> Countre f and Street: <u>10 Zip: 46202</u> Countre	
Using the dropdown labeled NAICS Code below, select the classification title that describes the pri of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code <u>6 523930</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode <u>INVESTMENT ADVISORY</u> 5. Principal Office Address No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: <u>INDIANAPOLIS</u> State: <u>IN</u> Zip: <u>46202</u> Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: <u>INDIANAPOLIS</u> State: <u>IN</u> Zip: <u>46202</u> Countr 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
of business in which your entity engages. The box to the right of the dropdown will populate a NAIC based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For f assistance with selecting a classification <u>click here.</u> NAICS Code 6 523930 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN zip: <u>46202</u> Countur 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN zip: <u>46202</u> Countur 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode INVESTMENT ADVISORY 5. Principal Office Address No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countri 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countri 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	S Code
INVESTMENT ADVISORY 5. Principal Office Address No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countr 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
No. and Street: 426 EAST NEW YORK STREET INDIANAPOLIS State: IN Zip: 46202 Countrain the countral state: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: H26 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countral No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countral 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	Island
City or Town: INDIANAPOLIS State: IN Zip: 46202 Countribution 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: Contact Title: Contact Title: Contact Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countribution 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Countribution Countribution Countribution	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Countries Contact Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
Contact Name: Contact Title: No. and Street: 426 EAST NEW YORK STREET City or Town: INDIANAPOLIS State: IN Zip: 46202 Count 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	y: <u>USA</u>
No. and Street: <u>426 EAST NEW YORK STREET</u> City or Town: INDIANAPOLIS State: IN Zip: <u>46202</u> Counting Counting 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	
	'y: <u>USA</u>
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code	, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of August, 2017 at 11:55:52 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>ROBERT PELKEY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved