| Si | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 | |
|--|--|-------------------------------|---------------------|--|
| | Division Of Business 148 W. River S | | | |
| | Providence RI 02904-2615 | | | |
| HOPE | (401) 222-30 | 40 | | |
| Limited Liability Com Annual Report Filing Period: September 1 - | | | | |
| | 7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2017 | | | | |
| 1. ID No. <u>000789594</u> | | | | |
| 2. Exact Name of the Limited Liability Company <u>KE EAST LLC</u> | | | | |
| 3. State of Formation | | | | |
| State: <u>DE</u> | | | | |
| ARTICLE III | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>713990</u> | | | | |
| 4. Brief Description of the | e Character of the Business Which | is Actually Conducted i | n Rhode Island | |
| SUMMER CAMP OPER | RATOR | | | |
| 5. Principal Office Addres | SS | | | |
| No. and Street: 321 COMMONS WAY | | | | |
| | <u>NCETON</u> State | <u>NJ</u> Zip: <u>08540</u> 0 | Country: <u>USA</u> | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: ASHLEY SCHMITZ Contact Title: MEMBER | | | | |
| | COMMONS WAY ICETON State: | <u>NJ</u> Zip: <u>08540</u> C | Country: <u>USA</u> | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name | Addres | s | |
| | First, Middle, Last, Suffix | Address, City or Town, State | | |
| | | | | |
| 8. RESIDENT AGENT IN R | HODE ISLAND - DO NOT ALTER | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT, LLC 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 11 Day of September, 2017 at 10:25:46 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 ASHLEY SCHMITZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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