	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
	Providence RI 0290 (401) 222-304		
HOPE	· · · ·		
Limited Liability Con Annual Report	npany		
Filing Period: September 1	- November 1		
In accordance with R.I.G.L	. 7-16-66(d), each limited liability com	oanv 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	: <u>2017</u>		
1. ID No. <u>00050803</u>	<u>9</u>		
2. Exact Name of the Limited Liability Company <u>CHRONOS SOLUTIONS, LLC</u>			
3. State of Formation			
State: <u>VA</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.			
531390			
<u></u>			
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted in Rho	de Island
ASSET MANAGEMENT OF DISTRESSED REAL-ESTATE ASSETS.			
5. Principal Office Addre	255		
	S. BELT LINE ROAD		
	<u>TE 105</u> PELL Sta	te: TX Zip: 75019 Count	ry: <u>USA</u>
			19: <u>00/1</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JODEE MCGRATH Contact Title: MANAGER			
No. and Street: <u>1199 S. BELT LINE ROAD</u> SUITE 105			
City or Town: <u>COP</u>		e: <u>TX</u> Zip: <u>75019</u> Count	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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 12:54:48 PM 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>MATT MARTIN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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