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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |                      |                   |                        |
|--|--|----------------------|-------------------|------------------------|
|  |  |                      |                   |                        |
| 1666887  | CMG Private Equity VI LLC  |                      |                   |                        |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                      |                   |                        |
| 541618   | Private Equity Investment  |                      |                   |                        |
| 5. State of Formation  | ( (  |                      |                   |                        |
| RI   |  |                      |                   |                        |
| 6. Principal Office Address  |  | City                 | State             | Zip                    |
| 34A Pier Market  | Place  | Narragansett         | RI                | 02887                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                   |                        |
| Contact Name<br>Brett Kelly-Riley  |  | Compliance Office    |                   |                        |
| Street Address 34A Dier Market   | -Place   | City<br>Narragansett | State<br>R (      | 21p                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                      |                   |                        |
| Manager Name<br>Coastal Management Group LCC   |  | Manager Name         |                   |                        |
| Street Address SYA PierMarket Place  |  | Street Address       |                   |                        |
| Narragan sett  | State Zip OX & 2   | City                 | State             | Zip                    |
| Manager Name   |  | Manager Name         |                   |                        |
| Street Address   |  | Street Address       |                   |                        |
| City   | State Zip  | City                 | State             | Zip .                  |
|  | · · · · · · · · · · · · · · · · · · ·                                    | Che                  | ck the box to inc | dicate an attachment 1 |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642   |  |                      |                   |                        |
| Under penalty of periury. 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. |  |                      |                   |                        |
| ryanie or Aumorzeo Herson   Date_  |  |                      |                   |                        |
| Michael G. Riles   |  |                      |                   |                        |
| M. July SIGN DOCUMENT HERE   |  |                      |                   |                        |
|  | 1  |                      |                   |                        |

MAIL TO:

Division of Rusiness Services

148 W. Piver Street, Providence, Rhode Island 02904-2615

Priorie: (401) 222-3040 Website: www.sos.mgov FILED

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BY 0346

## Attachment for Annual Report

Managed by: Coastal Management Group LLC Entity ID# 146130