s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000128211</u>	-		
2. Exact Name of the Lin NETWORK, LLC	nited Liability Company <u>PROMC</u>	NTORY INTERFINAN	CIAL
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>518210</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	n Rhode Island
PROVIDES FINANCIA	L SERVICES TO BANKS AND	OTHER FINANCIAL IN	<u>NSTITUTIONS</u>
5. Principal Office Addre	SS		
	<u>) N 17TH STREET</u> <u>FE 1800</u>		
City or Town: <u>ARI</u>	<u>LINGTON</u> State:	<u>VA</u> Zip: <u>22209</u> C	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pers	on:
	DURIC Contact Title: CFO		
	<u>N 17TH STREET</u> <u>E 1800</u>		
	NGTON State:	<u>VA</u> Zip: <u>22209</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	, 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 AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 20 Day of September, 2017 at 11:17:02 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 JOHN COURIC

Signature of Authorized Person

Form No. 632 Revised 09/07

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