RI SOS Filing Number: 201750349090 Date: 9/22/2017 4:00:00 PM

State of Rhode-Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	STALIF
<ul> <li>→ Filing period. September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty. Additional \$25.00 fee if form is not filed by December 1</li> </ul>	<del>.</del>

1 Entity ID Number	2 Exact name of the Limited Liability Company					
1663616	Thames Street, LLC					
3 NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
531110	hold and manage real estate					
5 State of Formation						
RI	•					
6. Principal Office Address	·		City	State	Zip	
15 Howard St			Newport	RI	02840	
7. Mailing Address of Limited Lia	bility Company	and Name or Title				
Contact Name Terence Munnelly			Contact Title Member			
Street Address 15 Howard St		Cily Newport	State RI	<sup>Z<sub>1</sub>p</sup> 02840		
8. List ALL managers (names ar	nd addresses) (	of the Limited Liabi	lity Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
Сту	State	7ip	City	State	Ζφ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Ζφ	
Check the box to indicate an attachment						
9 Resident Agent in Rhode Islan	d This informati	on is currently of rec	ord with the Department of	State: Changes require filing	Form 642	
Under penalty of perjury, I dec statements, and that all staten				fing any accompanying	schedules and	
Name of Authorized Person			Date	Date		
Terence Munnelly, Member 17/1			09/11/20	09/11/2017		
Signature of Authorize//Pérson Sectionic (1/2) to HERE						

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615.

Phone: (401) 222-3040 Website: www.sos.ri gov FILED OV SEP 2 2 2017