RI SOS Filing Number: 201750484160 Date: 9/26/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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Annual Report for the year: 2017 Limited Liability Company					R.I. DE BUS <b>2017 SEP</b>		
→ Filing period: September 1 - November 1					TO USE SERVICE		
→ Filing Fee: \$50.00					26 SY		
→ 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				<u> </u>		
543022	Deerfield GP, LLC				JIE VIE		
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island					
55 - Management of Compani	Acquire entity and/or various other interests, conduct all activates related, necessary or						
5. State of Formation Rhode Island	incidental thereto. #531311						
6. Principal Office Address	cipal Office Address			State	Zıp		
5 Cathedral Square			City Providence	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Robert R. Gaudrea			Contact Title				
Street Address 5 Cathedral Square			City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL managers (names ar	id addresses) of	the Limited Liabi	<del>,</del>	lity Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
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 perjury, 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.							
Name of Authorized Person							
Robert R. Gaudreau, Jr., President of Collectical Development Group, Inc 9 26 17							
Signature of Authorized Person SIGN DOCUMENT 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

SEP 26 2017

FORM 632 - Revised: 02/2017