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(8)	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

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

Entity ID Number 2. Exact name of the Limited Liability Company							
1. Entity ID Number		, , ,					
81676 Traz Capital Partners II, LLC							
3. NAICS Code	IAICS Code 4. Brief description of the character of business conducted in Rhode Island						
531110 commercial real estate							
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
PO Box 179			Block Island	RI	02807		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jonathon Newcon	nb		Contact Title				
Street Address 60 Riverside Driv	e, Apt 10D		City New York	State NY	^{Zıp} 10024		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Jonatho	n New (iomb	Manager Name				
Street Address 60 RIVER		7. Apt. 100	Street Address				
City New York	State	IOD 24	City	State	Zip		
Manager Name		1	Manager Name				
Street Address			Street Address				
City :	State	Zip	City	State	Zıp		
Check the box to indicate an attachm							
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 Date / /							
Jonathon Newcomb 9/35/17							
Signature of Authorities Person SIGN DOICLINGN'T 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 28 2017

By 0927