RI SOS Filing Number: 201750712380 Date: 9/29/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | |
|--|---|---|
| Annual Report for the year: 2017 Limited Liability Company | S | 2 |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|---|--|----------------------------------|------------------------------|-----------------------|-----------------------------|--|--|
| 798057 | The Vaill Block Island LLC | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531311 | Manage rea | al estate. | | | | | |
| 5. State of Formation | 1 | | | | | | |
| Rhode Island | | | | | | | |
| 5. Principal Office Address | | | City | State | Zip | | |
| 362 Pequot Avenue | | | Mystic | CT | 06355 | | |
| 7. Mailing Address of Limited Lia | | and Name or Tit | | | | | |
| Contact Name Heidi Tallmadge | | | Contact Title Manager | | | | |
| Street Address 362 Pequot Avenue | | City Mystic | State CT | ^{Zip} 06355 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Kirsten M. Getler | | | Manager Name Heidi Tallmadge | | | | |
| Street Address 17 Deer Run Road | | Street Address 362 Pequot Avenue | | | | | |
| ^{City} Canton | State CT | ^{Zip} 06019 | City Mystic | State CT | ^{Zip} 06355 | | |
| Manager Name Holly C. Ritzinger | | Manager Name | | | | | |
| Street Address 38 Roosevelt Road | | Street Address | | | | | |
| City Medford | State MA | ^{Zip} 02155 | 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 dec statements, and that all staten | | | | ling any accompanying | schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| Heidi Talimadge, Manager | | | 7/27/ | 9/27/17 | | | |
| Signature of Authorized Person | | | | | | | |
| Heid Tallmade 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

