s s			
	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
	Division Of Business	Services	
	148 W. River St	reet	
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000123338</u>	<u>3</u>		
2. Exact Name of the Li	mited Liability Company <u>CHICAC</u>	GO AVENUE LEASI	NG, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		the entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
NONE			
5. Principal Office Addre	SS		
No. and Street: 6100) STADIUM DRIVE		
	<u>LAMAZOO</u> State:	<u>MI</u> Zip: <u>49009</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:
-	TS. AMBERG, JR. Contact Title:		
Contact Name: <u>ROBER</u> No. and Street: <u>6100</u>	STADIUM DRIVE		
Contact Name: <u>ROBER</u> No. and Street: <u>6100</u>		<u>MI</u> Zip: <u>49009</u>	Country: <u>USA</u>
Contact Name: <u>ROBER</u> No. and Street: <u>6100</u> City or Town: <u>KAL</u>	STADIUM DRIVE AMAZOO State: Each Manager of the Limited Liab		
Contact Name: <u>ROBER</u> No. and Street: <u>6100</u> City or Town: <u>KAL</u>	STADIUM DRIVE AMAZOO State: Each Manager of the Limited Liab		licable.
Contact Name: <u>ROBER</u> No. and Street: <u>6100</u> City or Town: <u>KAL</u> 7. Name and Address of DO NOT LIST MEMBE	STADIUM DRIVE AMAZOO State: Each Manager of the Limited Liab RS	ility Company, if App	licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 10 Day of October, 2017 at 3:04:14 PM 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 <u>RONALD B. WISER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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