RI SOS Filing Number: 201751788870 Date: 10/17/2017 4:00:00 PM

| State of Rhode Islan | | | | _ | | |
|---|------------------------|--|-------------------------------|-----------------------------|-----------------------|--|
| Department of | State - Bus | iness Service | es Division | | | |
| Annual Report for the Limited Liability Com → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25 | pany per 1 - Novemb | er 1 | mber 1. | | R.I. DEPTION BUS SYCS | |
| 1. Entity ID Number 000790850 | | 2. Exact name of the Limited Liability Company LEDGE HOUSE LLC | | | | |
| 3. NAICS Code | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | Real estat | Real estate holding corporation. | | | | |
| 5. State of Formation Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 117 Metro Center Boulevard, Suite 3000 | | | Warwick | RI | 02886 | |
| 7. Mailing Address of Limited | | ny and Name or Titl | | · | | |
| Contact Name James Queer | nan | | Contact Title Manager | | | |
| Street Address 117 Metro Center Boulevard, Suite 3000 | | | City Warwick | State RI | ^{Zip} 02886 | |
| 8. List ALL managers (name | |) of the Limited Liat | oility Company. IF APPLICA | ABLE - DO NOT LIST M | MEMBERS | |
| Manager Name James Quee | enan | | Manager Name | | | |
| Street Address 117 Metro Center Boulevard, Suite 3000 | | | Street Address | | | |
| City Warwick | State RI | ^{·Zip} 02886 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zıp | |
| | | | 1 | Check the box to it | ndicate an attachment | |
| 9. Resident Agent in Rhode I | sland. This inform | ation is currently of re | cord with the Department of S | tate. Changes require filin | g Form 642. | |
| Under penalty of perjury, I o statements, and that all sta | | | | ng any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | | |
| - · · · · · · · · · · · · · · · · · · · | | | | | पान | |
| Signature of Authorized Pers | | CHOIN TO | DOLLING KIT LIE ON | | | |
| James P. | greenen | SION DI | DOUMENTHLRE | | | |

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

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