RI SOS Filing Number: 201751957500 Date: 10/20/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017 OCT 20 PM 12: 32

Annual Report for the year:

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					
558161	Stalap Sprcial Financing LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
500001) n					
5. State of Formation	Tation Partner of other businesses /1 certi-					
5. State of Formation Partner of other businesses/Investor						
6. Principal Office Address			City	State	02903	
265 Wickenden St 2nd FL			Providence	RI	02703	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Street Address 263 wickenden St FL			Contact Title Member			
Street Address 265 wickenden St 200 FL			Providence	State	Zip UZ 903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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.						
				Date Oct	20,2017	
Signature of Authorized Person						

MAIL TO:

148 W. River Street, Providence, Rhode Island 02904-2615 OCT **2 0 2017**Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov

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