

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					
001331754	6828 Nancy Ridge LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 1110	D		_1_1_1_		L _	
5. State of Formation	Kes	aı ⊢9	state Ir	IVESI	ment	
CA		41 \				
6. Principal Office Address			City	State	Zip	
4180 La Jolla Village Drive Suite 210			La Jolla	CA	92037	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Steven Bollert			Contact Title Member			
Street Address 4180 La Jol	la Village D	rive #210	^{City} La Jolla	State CA	^{Zip} 92037	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Steven Bollert			Manager Name John Rooney			
Street Address 4180 La Jolla Village Drive #210			Street Address 12805 Three Canyons Point			
^{Crty} La Jolla	State CA	^{Zip} 92037	^{City} San Diego	State CA	^{Zip} 92130	
Manager Name			Manager Name			
Street Address			Street Address			
Crty	State	Žip	City	State	Zıp	
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.						
Name of Authorized Person				Date	Date	
Steven Bollert				10/17/201	10/17/2017	
Signature of Authorized Person 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 FILED OCT 2 3 2017 02 50 1 B