Contact Name: No. and Street: City or Town:	ess of Limited Liability Co <u>RICHARD KATZ</u> Contact T <u>11601 WILSHIRE BI</u> <u>SUITE 2410</u> <u>LOS ANGELES</u> Idress of Each Manager of MEMBERS	itle: <u>MANAGER</u> <u>LVD</u> State: <u>(</u>	<u>CA</u> Zip: <u>90025</u>	Country: <u>USA</u>	
6. Mailing Addre Contact Name: No. and Street:	RICHARD KATZ Contact T <u>11601 WILSHIRE BI</u> <u>SUITE 2410</u>	itle: <u>MANAGER</u> LVD			
6. Mailing Addre	RICHARD KATZ Contact T <u>11601 WILSHIRE BI</u> <u>SUITE 2410</u>	itle: <u>MANAGER</u> LVD			
6. Mailing Addre	RICHARD KATZ Contact T	itle: <u>MANAGER</u>	or Title of Contact P	erson:	
6. Mailing Addre	-		or Title of Contact P	erson:	
-	ass of Limited Liability C	mnany and Name o	r Title of Contact P	erson.	
City or Town:				,	
	<u>SUITE 2410</u> LOS ANGELES	State: 0	CA Zip: 90025	Country: USA	
No. and Street:	<u>11601 WILSHIRE BI</u>	LVD			
5. Principal Offic	ce Address				
REAL ESTATE					
4. Brief Descript	tion of the Character of th	e Business Which is	s Actually Conducte	ed in Rhode Island	
<u>531390</u>					
-					
-	t NAICS Code that best des here. More information on N			the entity. Download	
		ARTICLE III			
State: <u>RI</u>					
3. State of Form	nation				
2. Exact Name of the Limited Liability Company <u>Red Brook LLC</u>					
1. ID No. <u>001659676</u>					
ANNUAL REPOR					
to file its annual re	eport within thirty (30) days a bject to a penalty fee of \$25	after the time prescrib			
	h R.I.G.L. 7-16-66(d), each	limited liability compa	nv failing or refusing		
Annual Repor					
Limited Liabili	ity Company				
HOPE	Р	rovidence RI 02904 (401) 222-3040			
		vision Of Business S 148 W. River Stre			
		•			
		Island and Prove of the Secretary		ns Fee: \$50.00	

Inte	individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	RICHARD KATZ	11601 WILSHIRE BLVD SUITE 2410	

LOS ANGELES, CA 90025 USA

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

MOSES AFONSO RYAN LTD. 160 WESTMINSTER STREET SUITE 400 PROVIDENCE, RI 02903

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

**Signed this 31 Day of October, 2017 at 5:51:48 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>RICHARD KATZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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