S	tate of Rhode Island and Pro Office of the Secreta		e: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report			
Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000798164</u>			
2. Exact Name of the Limited Liability Company <u>EYEA LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>813920</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Isla	and
ADMINISTRATION AND BUSINESS SUPPORT SERVICES			
5. Principal Office Addre	SS		
) PLAZA DRIVE CAUCUS State: <u>N.</u>	<u>I</u> Zip: <u>07094</u> Country: <u>USA</u>	<u>L</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact No. and Street: <u>200</u>	Title: PLAZA DRIVE		
City or Town: SEC	CAUCUS State: N.	Zip: <u>07094</u> Country: <u>US</u>	<u>A</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Cou	Intry
MANAGER	PETER H GRIFFITH	531 COUNTRY VALLEY ROAD WESTLAKE VILLAGE, CA 91362 USA	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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 6:00:49 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>GLENN HASCHER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved