RI SOS Filing Number: 201752924060 Date: 11/2/2017 4:00:00 PM

Sta
D

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017 Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

4.5 (2.15.1)							
1. Entity ID Number	2. Exact name of the Limited Liability Company						
1664188	Matawai 655, LLC						
3. NAICS Code QUILLO	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pt							
	The state of a state of the sta						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
38 BELLEVUE AVENUE, SUITE H		NEWPORT	RI	02840			
7. Mailing Address of Limited Lia	bility Company a	and Name or Title					
Contact Name MICHAEL J. HAHN			Contact Title MEMBER				
Street Address 460 CARPENTERS POINT		City WAYZATA	State MN	^{Zip} 55391			
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		
		<u></u>		Check the box to inc	licate 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 dec statements, and that all statem				ing any accompanying	schedules and		
Name of Authorized Person				Date			
MICHAEL J. HAHN				10,	10/17		
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

NOV 02 2017

12/14/5/05