

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

2017 DEC 14 AM 11: 19

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.

| 1. Entity ID Number<br>331178                                 | 2. Exact name of the Limited Liability Company Ram Holdco LLC                            |                    |                                    |   |                     |  |
|---|--|--------------------|------------------------------------|---|---------------------|--|
| 3. NAICS Code<br>531312                                       | 4. Brief description of the character of business conducted in Rhode Island  Real Estate |                    |                                    |   |                     |  |
| 5. State of Formation Delaware                                |  |                    |                                    |   | :                   |  |
| 6. Principal Office Address<br>277 Park Avenue - 46th Floor   |  |                    | City<br>New York                   | State<br>NY   | <b>Zip</b><br>10172 |  |
| 7. Mailing Address of Limited Lia                             | bility Compan  | y and Name or      | r Title of Contact Person          |   |                     |  |
| Contact Name Linda A. Klang                                   |  |                    |                                    | Comtact Title Vice President & Ass't Treasurer of Sole Member |                     |  |
| Street Address 277 Park Ave - 46th Floor                      |  |                    | City New York                      | State NY  | <b>Zip</b> 10172    |  |
| 8. List ALL managers (names a                                 | nd addresses)  | of the Limited     | Liability Company, IF APPLICA      | BLE - DO NOT LIST   | MEMBERS             |  |
| Manager Name  |  |                    | Manager Name                       | Manager Name  |                     |  |
| Street Address  |  |                    | Street Address                     | Street Address  |                     |  |
| City  | State  | Zip                | City                               | State   | Zip                 |  |
| Manager Name  | <u> </u>   |                    | Manager Name                       | Manager Name  |                     |  |
| Street Address  |  |                    | Street Address                     | Street Address  |                     |  |
| City  | State  | Zip                | City                               | State   | Zip                 |  |
| Check the box to indicate an attachment                       |  |                    |                                    |   |                     |  |
| 9. Resident Agent in Rhode Isla                               | nd. This informa   | ition is currently | of record with the Department of S | State. Changes require fill                                   | ng Form 642.        |  |
| Under penalty of perjury, I destatements, and that all states |  |                    |                                    | ing any accompanyl  | ng schedules and    |  |
| Name of Authorized Person                                     |  |                    |                                    | Date  |                     |  |
| Linda A. Klang  |  |                    |                                    | 12  | 12/4/2017           |  |
| Signature of Authorized Person                                | toda a   | Dan.               |                                    |   |                     |  |
|   |  |                    |                                    |   |                     |  |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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