RI SOS Filing Number: 201856583460 Date: 1/22/2018 11:44:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	iny '	nber 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company			
000124484	First New Canaan LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53 1390				1
5. State of Formation	Real Estat	e e		
6. Principal Office Address		City	State	Zip
4 Westerly Rd		Westerly	RI	02891
7. Mailing Address of Limited Lin	ability Company and Name or Titl	e of Contact Person		
Michelle Sirois		Contact Title BOOK KIEE DE C		
Street Address 16 (n) SS St.		New Canaan	State	Zip 06840
B. List ALL managers (names a	and addresses) of the Limited Liab	oility Company, IF APPLICABLE -	DO NOT LIST M	EMBERS
Manager Name Arnold Karp		Manager Name		SEC CO 2018
Street Address		Street Address		<u> </u>

9. Resident Agent in Rhode Island. This Information is currently of record with the Department of State. Changes require fling Form 642.

Ζip

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.

City

City

Manager Name

Street Address

Name of Authorized Person

Arnold M. Karp

State

State

Signature of Authorized Person

amkang

MAIL TO:

City

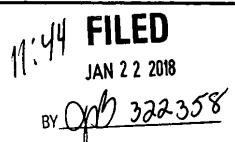
City

Manager Name

Street Address

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



State

State

Ζiρ

Check the box to indicate an attachment