| s s | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|-------------------|
| HOPE | Division Of Business 148 W. River S Providence RI 0290 (401) 222-30 | treet 04-2615 | |
| Limited Liability Company Annual Report Filing Period: September 1 - November 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: 2018 | | | |
| 1. ID No. <u>000155154</u> | | | |
| 2. Exact Name of the Limited Liability Company Oxbank Three, LLC | | | |
| 3. State of Formation | | | |
| State: CT | | | |
| 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>531311</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| GROUND LEASE REAL ESTATE RENTAL | | | |
| 5. Principal Office Addres | SS | | |
| No. and Street:172 WCity or Town:AVO | <u>VEST MAIN STREET</u> <u>N</u> Sta | te: <u>CT</u> Zip: <u>06001</u> Cou | ntry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name:ContactNo. and Street:172 WCity or Town:AVON | <u>EST MAIN STREET</u> | e: <u>CT</u> Zip: <u>06001</u> Cou | ıntry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip | Code, Country |
| 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 2 Day of March, 2018 at 9:44:35 AM 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 JONATHAN RUTENBERG

Signature of Authorized Person

Form No. 632 Revised 09/07

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