State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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. 001660355

2. Exact Name of the Limited Liability Company Fairholme LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

530000

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PURPOSE OF THE COMPANY IS TO ACQUIRE, DEVELOP, CONSTRUCT, REHABILITATE, IMPROVE, MAINTAIN, FINANCE, MANAGE, OPERATE, LEASE, SELL, CONVEY, ASSIGN, MORTGAGE AND OTHERWISE DEAL WITH REAL ESTATE, WHETHER DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE BUSINESS TRUSTS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR OTHER ENTITIES, TO ENGAGE IN ALL OTHER ACTIVITIES INCIDENTAL TO THE FOREGOING; AND TO CARRY ON ANY BUSINESS PERMITTED TO BE CARRIED ON BY A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND.

5. Principal Office Address

No. and Street: C/O WILLIAM D. KIRCHICK, ESQ.
NUTTER MCCLENNEN & FISH LLP 155
SEAPORT BOULEVARD
City or Town: BOSTON State: MA Zip: 02210 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: C/O NUTTER MCCLENNEN & FISH LLP

155 SEAPORT BOULEVARD
City or Town: BOSTON State: MA Zip: 02210 Country: USA

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
MANAGER	GEORGE N. PETROVAS	C/O WILLIAM D. KIRCHICK, ESQUIRE 155 SEAPORT BOULEVARD BOSTON, MA 02210 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of August, 2018 at 7:28:02 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 GEORGE N. PETROVAS
Signature of Authorized Person

Form No. 632
Revised 09/07