RI SOS Filing Number: 201876311760 Date: 8/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 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. | | | | | DIV. T | |
|---|---|-----|---------------------------------------|--------------------|----------------------|--|
| 1. Entity ID Number 160579 | 2. Exact name of the Limited Liability Company CUSTOM HOUSE SQUARE LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531110 | OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE | | | | | |
| 5. State of Formation | 1 | | | | | |
| RHODE ISLAND | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | |
| 99 TUPELO STREET | UPELO STREET | | | RI | 02809 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name EDWARD J COX II | | | Contact Title CFO | Contact Title CFO | | |
| Street Address 99 TUPELO STREET | | | City BRISTOL | State RI | ^{Zip} 02809 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | 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 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 staten | | | · · · · · · · · · · · · · · · · · · · | ng any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| EDWARD J COX II | | | | 08/23/1 | 8 | |
| 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 FILED 11:50

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FORM 632 - Revised: 10/2017