RI SOS Filing Number: 201876627410 Date: 9/4/2018 11:00:00 AM

State of Rhode Island Department of of Rhode Island Departm	year:oany	ber 1		_	SECRETARY OF STA COREORATIONS DI	
1. Entity ID Number		ame of the Limited				
3. NAICS Code		AARGO, CLC				
53110 5. State of Formation AI	4 Brief description of the character of business conducted in Rhode Island REAC ESTITE					
6. Principal Office Address 56 P, NE ST.			PROVIDENCE	State AF	Zip 02903	
7. Mailing Address of Limited L	iability Compa	any and Name or T	itle of Contact Person			
Contact Name Tom CAN	CTER		Contact Title			
Street Address 56 PIN	E St	3MFC	City PROVISE	ENCE State RI	= Zip 02503	
8. List ALL managers (names	and addresse	s) of the Limited Li	ability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	_ 	<u></u> .		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This infor	nation is currently of	record with the Department of	State. Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and afi	irm that I have ex	amined this report, include	ding any accompanyin	g schedules and	
Name of Authorized Person				Date 9-	P-4-2018	
Signature of Authorized Person		3932	OOLUMENT 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
SEP 04 2018
HUGGGM