| State of Rhode Island | | | | _ | - | |
|--|--------------------|--|----------------------------------|--------------------------|-----------------------|--|
| Department of State - Business Services Division | | | | | ≃ _ ∽ | |
| Annual Report for the y Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | any r 1 - Novemb | per 1 s not filed by Decen | | | RECEIVED STATE | |
| 165314 | Ar | 2. Exact name of the Limited Liability Company AARGO, CLC | | | | |
| 3. NAICS Code | 1 - | Brief description of the character of business conducted in Rhode Island | | | | |
| D3111U | 031110 REAL ESTATE | | | | | |
| 5. State of Formation A I | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 56 PINEST. | <u> </u> | | PROVIDENCE | R+ | 02903 | |
| 7. Mailing Address of Limited Li | ability Compa | ny and Name or Title | | | | |
| Contact Name Tom CARTER | | | Contact Title | | | |
| Street Address 56 PIN | E 5% | 3MFC | City PROVISEM | KE State RI | Zip 02503 | |
| 6. List ALL managers (names a | ind addresses |) of the Limited Liab | ility Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Z.p | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zip | |
| | _1 | | <u> </u> | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | ınd. This inform | lation is currently of rec | ord with the Department of State | e. Changes require filin | ng Form 642. | |
| Under penalty of perjury, I de statements, and that all state | clare and affi | irm that I have exam | nined this report, including | any accompanyin | g schedules and | |
| Name of Authorized Person Date | | | | | | |
| SI BUS | | | | 9-5 | 4-2018 | |
| Signature of Authorized Person | | | DODMENT 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

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