RI SOS Filing Number: 201877128150 Date: 9/10/2018 4:00:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division					2 CC
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Annual Report for the year: 2018.					二 二 二 二 二 二
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Limited Liability Company					교육 등등
:-> Filing period: September 1 - November 1					- 27
<ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1</li> </ul>					
A complete conditional actions and a contract and a properties.					
Entity ID Number	2 Exact name of the Limited Liability Company				
001661665	Square Capital, LLC				
3. NAICS Code 522/10	4 Bnef description of the character of business conducted in Rhode Island				
52 Finance and Insurance	Financial services company				
5. State of Formation					
Delaware	L				
6. Principal Office Address			City	State	Z¢
1455 Market Street, 8th Floor		San Francisco	CA	94103	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jacqueline Reses			Contact Title Manager		
<u> </u>			<del></del>	State	Zin
Street Address 1455 Market Street, Suite 600, MSC 715			City San Francisco	State CA	<sup>Zlp</sup> 94103
8. List ALL managers (names a	nd addresses) o	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS
			Manager Name		· · · · · · · · · · · · · · · · · · ·
Manager Name Jacqueline Reses					<u></u>
Street Address 1455 Murket Street, 8th Floor			Street Address		910 000 033
143.5 Market Street				<del></del>	- <u> </u>
City San Francisco	State CA	Zip 94103	City	State	
	<u>.</u>				9 220
Manager Name			Manager Name		
Street Address			Street Address		<b>3</b> 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Street (Address					
City	State	Zip	City	State	Zo
·				<u></u>	
				Check the box to in	dicate an attachment
9 Resident Agent in Rhode Islan	nd. This information	on is currently of in	ecord with the Department of St	ale. Changes require filing	Fcrm 642.
Under penalty of perjury, I dec	lare and affirm	that I have exe	mined this report, includi	ng any accompanying	schedules and
statements, and that all states					
Name of Authorized Person				Date	•
Jacqueline Reses		1		8/16/2	2018
Signature of Authorized Person		1		<del></del>	
SIGN DOCUMENT HERE					
	$\overline{}$	<del></del>			
FILED					
				1166	u "
MAIL TO:					1:47
Division of Business Services				SEP 10 2	2018 '' '
MAIL TO: Division of Business Services  148 W River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040 Website: www.sos.ri gov					
Phone: (401) 222-3040 Wahalifa: Wang Fire (100)					
Nebalte: www.sos.ri gov					