| 7 6 - 6 | Island and Providence Plantations t of State - Business Services Division | SECRETAR CORPORI |
|---|---|---------------------|
| : Annual Report for Limited Liability C | · · · · · · · · · · · · · · · · · · · | ATIONS ATIONS |
| !→ Filing period: Sept !→ Filing Fee: \$50.00 !→ Perialty: Additional | | |
| 1. Entity ID Number | 2 Exact name of the Limited Liability Company | |

| Entity ID Number | 2 Exact name of the Limited Liability Company | | | | | |
|--|--|--------------------|-----------------------------|---------------------|-----------------------|--|
| 001661665 | Square Capital, LLC | | | | | |
| 3. NAICS Code 522/10 | 4 Brief description of the character of business conducted in Rhode Island | | | | | |
| 52 - Finance and Insurance | Financial services company | | | | | |
| 5. State of Formation | 1 | | | | | |
| Delaware | | | | | | |
| 6. Principal Office Address | | | City | State | Zp | |
| 1455 Market Street, 8th Floor | | | San Francisco | CA | 94103 | |
| 7. Mailing Address of Limited Lik | ability Company | y and Name or Tit | | | | |
| Contact Name Jacqueline Reses | | | Contact Title Manager | | | |
| Street Address 1455 Market Street, Strite 600, MSC 715 | | | City San Francisco | Stale CA | Zlp 94103 | |
| 8. List ALL managers (names a | | of the Limited Lia | bility Company, IF APPLICAB | LE - DO NOT LIST M | MEMBERS | |
| Manager Name Jacqueline Reses | | | Manager Name | | | |
| Street Address 1455 Murket Street, 8th Floor | | | Street Address CCC | | | |
| City San Francisco | State CA | Zip 94103 | City | State | RETA POR | |
| Manager Name | | | Manager Name O ARCH | | | |
| Streot Address | | | Street Address Example | | | |
| City | State | Zip | City | State | 20 | |
| | | | | Check the box to in | ndicate an attachment | |
| 9 Resident Agent in Rhode Isla | | | | | | |
| Under penalty of perjury, I dec statements, and that all states | | | | any accompanying | schedules and | |
| Name of Authorized Person | | | . | Date | | |
| Jacqueline Reses | | | | 8/16/2018 | | |
| Signature of Authorized Person | 7 | SIGN DO | OCUMENT HERE | | | |
| <u> </u> | $\overline{}$ | <u> </u> | | | | |

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 10 2018 1:47
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