State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001679813

2. Exact Name of the Limited Liability Company 2DTR, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PURPOSE OF THE LLC SHALL BE TO ENGAGE IN ANY LAWFUL BUSINESS WHICH A LIMITED LIABILITY COMPANY MAY CARRY ON, AND SHALL HAVE PERPETUAL EXISTENCE UNTIL DISSOLVED OR TERMINATED IN ACCORDANCE WITH CHAPTER 7-16 OF THE RHODE ISLAND GENERAL LAWS OF 1956, AS AMENDED, UNLESS A MORE LIMITED PURPOSE OR DURATION IS SET FORTH IN THE ARTICLES OF ORGANIZATION OF THE COMPANY.

5. Principal Office Address

No. and Street: ONE CITIZENS PLAZA, 8TH FLOOR
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DERRICK PHILPOTT Contact Title:
No. and Street: ONE CITIZENS PLAZA
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PATRICIA ROCHA, ESQUIRE ADLER POLLOCK & SHEEHAN P.C. 1 CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of September, 2018 at 2:55:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DERRICK PHILPOTT
Signature of Authorized Person

Form No. 632
Revised 09/07