RI SOS Filing Number: 201877249530 Date: 9/12/2018 9:04:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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| 1 Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|--------------------------|-------------------------------|-----------------------------|---------------|--|--|
| 109739 | SPRUCE EQUITY ADVISORS, LCC | | | | | | |
| 3 NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531190 | The buying AND Selling of Stocks, bonds, z. | | | | | | |
| 5. State of Formation | Interval | | | | | | |
| RI | mutual Funds | | | | | | |
| 6. Principal Office Address | ncipal Office Address | | | State | Zip | | |
| 127 DORRAPLE St. Perthouse | | | Providence | e RI | 02903 | | |
| 7. Mailing Address of Limited Lia | | and Name or Title | of Contact Person | | | | |
| Contact Name Jeff Bososino | | | Contact Title Member | | | | |
| Street Address 127 DORRANCE St. Pethorse | | | City ProvidEN | State RI | Zip 02907 | | |
| 8 List ALL managers (names a | nd addresses) (| of the Limited Liabi | lity Company, IF APPLICA | BLE - DO NOT LIST M | | | |
| Manager Name Manager Name | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| Manager Name | • | Manager Name | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| | Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Islan | nd. This informat | ion is currently of reci | ord with the Department of St | ate. Changes require filing | Form 642. | | |
| Under penalty of perjury, I dec statements, and that all staten | | | | ng any accompanying | schedules and | | |
| Name of Authorized Person | | | Date | Date | | | |
| DAVID DESTARDING | | | 9-12 | 9-12-18 | | | |
| Signature of Authorized Person | | | | | | | |
| All hallen and the second of t | | | | | | | |
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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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