s s	tate of Rhode Island and P Office of the Secre		Fee: \$50.0
HODE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615	
HOPE			
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability co n thirty (30) days after the time pre penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>001339367</u>	- -		
2. Exact Name of the Li	mited Liability Company <u>ROUN</u>	ND ROOM LLC	
3. State of Formation			
State: <u>IN</u>			
	ARTICLE III		
-	Code that best describes the prima e information on <u>NAICS</u> can be four		,
4. Brief Description of th	e Character of the Business Whi	ch is Actually Conducted in Rho	ode Island
<u>TO ACT AS AN INVES</u>	STMENT COMPANY		
5. Principal Office Addre	SS		
No. and Street: <u>525 C</u>	ONGRESSIONAL BLVD		
City or Town: <u>CARN</u>	IEL	State: IN Zip: <u>46032</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Na	ne or Title of Contact Person:	
Contact Name: Contact			
No. and Street: <u>525 C(</u> City or Town: <u>CARM</u>	<u>ONGRESSIONAL BLVD</u> I <u>EL</u>	State: IN Zip: 46032 Cou	intry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Li	ability Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER	KATHRYN WILEY	525 CONGRESSIONA CARMEL, IN 46032 US	
MANAGER	SCOTT A. MOOREHEAD	525 CONGRESSIONA	L BLVD

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 26 Day of September, 2018 at 6:41:38 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 BRAD SLENKER

Signature of Authorized Person

Form No. 632 Revised 09/07

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