RI SOS Filing Number: 201878278700 Date: 9/26/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Div | /ision |
|--|--------|
| Annual Report for the year: 2018 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 | 1. |

| → Filing Fee: \$50.00 | | | | | BY | | |
|--|--------------------------|--|---------------------------|---------------------|-----------------------|--|--|
| → Penalty: Additional \$25 | .00 fee if form is | not filed by Dece | ember 1. | _ | 200 | | |
| Entity ID Number | 2. Exact nar | 2. Exact name of the Limited Liability Company | | | | | |
| 1658939 | Rholen Fisi | Rholen Fish, LLC | | | | | |
| 3. NAICS Code | 4. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | | |
| S3111.D | ー I Oいning, op 二ペー | erating, developi | ng and dealing in real es | state | | | |
| 5. State of Formation | ٳ | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 99 Poppasquash Road | | | Bristol | RI | 02809 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Andrew T. Tyska | | | Contact Tille | | | | |
| Street Address 99 Poppasquash Road | | | City Bristol | State RI | ^{Zip} 02809 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Andrew T. Tyska | | | Manager Name | Manager Name | | | |
| Street Address 99 Poppasquash Road | | | Street Address | | | | |
| City Bristol | State RI | Zip 02809 | City | State | Zıp | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| | • | | • | Check the box to ii | ndicate an attachment | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | | | |
| Name of Authorized Person Date 1 / | | | | | | | |
| Andrew T. Tyska | | | | 9/18/18 | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | | |
| / / | | | | | ı | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov