RI SOS Filing Number: 201878279040 Date: 9/26/2018 4:00:00 PM

| (FG) |
|------|
| |

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
SEP 2 EXPOSE

| 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. Entity ID Number 156779 | | 2 Exact name of the Limited Liability Company Rholen South, LLC | | | | | |
|---|---------------------|--|------------------------------|-------------------------------|-----------------------|--|--|
| 3. NAICS Code | 4 Brief desc | 4 Brief description of the character of business conducted in Rhode Island | | | | | |
| 521117 | Owning, op | Owning, operating, developing and dealing in real estate | | | | | |
| 5. State of Formation | | | | | | | |
| Rhode Island | | | | | | | |
| 6 Principal Office Address | | | City | State | Zip | | |
| 99 Poppasquash Road | | Bristol | RI | 02809 | | | |
| 7. Mailing Address of Limited | Liability Compan | y and Name or Tit | le of Contact Person | <u>t :- :</u> | | | |
| Contact Name Andrew T. Tyska | | Contact Title | | | | | |
| Street Address 99 Poppasquash Road | | City Bristol | State RI | Zip 02809 | | | |
| 8. List ALL managers (name | | of the Limited Lial | bility Company, IF APPLIC | CABLE - DO NOT LIST N | MEMBERS | | |
| Manager Name Andrew T. Tyska | | Manager Name | | | | | |
| Street Address 99 Poppasquash Road | | | Street Address | | | | |
| City Bristol | State RI | Z _{IP} 02809 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | l | | Check the box to in | ndicate an attachment | | |
| 9. Resident Agent in Rhode I | sland. This informa | ition is currently of re | ecord with the Department of | State. Changes require filing | g Form 642. | | |
| Under penalty of perjury, I o statements, and that all sta | | | | ding any accompanying | g schedules and | | |
| Name of Authorized Person | | | | Date | al d | | |
| Andrew T. Tyska | | | | 9/1 | 8/18 | | |
| Signature of Authorized Perst | on | SIGN DC | OUMENT HERE | , | • | | |
| | 7 | | | | | | |

MAIL TO:

Division of Business Services

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

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