s s	itate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Com	nany		
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. <u>000150034</u>			
2. Exact Name of the Limited Liability Company <u>ADV EAST GREENWICH ASSOCIATES, L.L.C.</u>			
3. State of Formation			
State: <u>OH</u>			
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.			
<u>531120</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	I in Rhode Island
COMMERCIAL REAL ESTATE DEVELOPMENT			
5. Principal Office Addre	SS		
No. and Street: 1765 MERRIMAN ROAD			
City or Town: <u>AKR</u>		:: <u>OH</u> Zip: <u>44313</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	rson:
Contact Name: CYNTHIA SLACK Contact Title: CONTRACT CONSULTANT			
No. and Street: <u>1765 MERRIMAN ROAD</u> City or Town: AKRON State: OH Zip: 44313 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country
MANAGER	TC CAPITAL ASSOCIATES, L.L.C.	1765 MERI AKRON, OH 4	RIMAN ROAD 4313 USA

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 1 Day of October, 2018 at 11:19:11 AM 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 ALAN W. SPONSELLER, AUTHORIZED REPRESENTATIVE

Signature of Authorized Person

Form No. 632 Revised 09/07

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