	State of Rhode Isla Office of t	nd and Prov the Secretar		DNS Fee: \$50.00					
	Divisio	n Of Business S	Services						
		8 W. River Str							
	Provid	lence RI 02904	-2615						
HOPE	(401) 222-304	0						
Limited Liability C Annual Report Filing Period: Septemb									
с ,									
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 YE	EAR: <u>2018</u>								
1. ID No. <u>001677955</u>									
2. Exact Name of the Limited Liability Company <u>VESTA Housing Solutions, LLC</u>									
3. State of Formatic	on								
State: <u>DE</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>624221</u>									
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island									
TEMPORARY HOUSING SOLUTIONS									
5. Principal Office A	ddress								
No. and Street:	<u>335 E MAPLE ROAD</u> SUITE 200								
City or Town:	BIRMINGHAM	State: M	<u>I</u> Zip: <u>48009</u>	Country: <u>USA</u>					
6. Mailing Address of	of Limited Liability Compa	ny and Name	or Title of Contact I	Person:					
Contact Name: Con	ntact Title:								
	<u>335 E MAPLE ROAD</u>								
-	<u>SUITE 200</u> BIRMINGHAM	State: M	II Zip: 48009	Country: USA					
			<u>n</u> 2ip. <u>+0009</u>	500mmy. <u>507</u>					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS									
Title	Individual N	ame	Ado	dress					

First, Middle, Last, Suffix

WILLIAM HALL

MANAGER

Address, City or Town, State, Zip Code, Country

335 E MAPLE ROAD SUITE 200

ľ	MA	١N	AC	λFI	R
	v . ,		<i>,</i>		•

DANIEL MCMURTRIE

BIRMINGHAM, MI 48009 USA

335 E MAPLE ROAD SUITE 200 BIRMINGHAM, MI 48009 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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 11:59:11 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 <u>KELLY LETTMANN</u> Signature of Authorized Pe

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved