RI SOS Filing Number: 201879197370 Date: 10/10/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations | | | | | | |
|--|------------------|------------------------|---------------------------------------|------------------------------|---------------------------|--|
| Department of S | tate - Bus | iness Servic | ces Division | _ | | |
| age 1 | | | | | FILED | |
| | | 1010- | | | · | |
| Annual Report for the year: <u>Q()</u> | | | | 00 | CT 1 0 2018 | |
| Limited Liability Company | | | | | ノンナ | |
| → Filing period: September 1 - November 1 | | | | : BY | 771 | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.0 | 0 fee if form is | not filed by Dec | cember 1. | _ | \rightarrow | |
| 7 Tonaky. Maditional 420.0 | | , , , | | | Λ | |
| Entity ID Number | 2. Exact nar | me of the Limited | Liability Company | | 0 - | |
| 2811070784 | Fan | 10. Lung | Phinorthos | LLC | | |
| 3. NAICS Code | 4 Brief desc | cription of the cha | aracter of business conducte | ed in Rhode Island | | |
| 531390 | | • | | | | |
| | - | Real 8 | Estate | | | |
| 5. State of Formation | | + < 00/ | | | | |
| <u>V</u> | | | | 1 | <u> </u> | |
| 6 Principal Office Address | | | City | State | Zip | |
| 148 Amal | d 5t. | | LIDICIN | 122 | 62865 | |
| 7. Mailing Address of Limited Li | ability Compar | ny and Name or I | Title of Contact Person | | | |
| Contact Name | 4100 | | Contact Title | UNOT | | |
| Shart Address | | | City 1 | State | 7 _{IP} C D C = | |
| Street Address DCX 3 | 92 1 | | In(e)n | 0\2_1 | GZFU5 | |
| 8. List ALL managers (names a | and addresses |) of the Limited L | iability Company, IF APPLIC | ABLE - DO NOT LIST N | MEMBERS | |
| Mapagr ** | | | Manager Name | | | |
| Street Address - | | | Street Address | | | |
| STIERLANDON - | , , _ | | Officer / Galless | | | |
| City . | Stata | T | City | State | Zip | |
| · | Jun | LICHW | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | <u>~</u> | | Street Address | | | |
| , | T =: | | - | | 7:- | |
| Cily | State | Zıp | City | State | Zip | |
| | 1 | 1 | | Check the box to i | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | and This inform | lation is currently of | firecord with the Department of | State: Changes require filin | g Form 642 | |
| Under penalty of perjury, I de | clare and affi | rm that I have ex | xamined this report, includ | ding any accompanyin | g schedules and | |
| statements, and that all state | ments contai | ned herein are t | rue and correct. | | | |
| Name of Authorized Person | | | | Date | 1 /1 G | |
| JUSYN MUTTIND | | | | 1 9/2 | 0/13 | |
| Signature of Authorized Persor | | , ile | · | / | • | |
| | t | · ' | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | - | |
| \bigvee | | | | | | |
| MAIL TO: | | | | | | |
| Division of Business Services | \ | | | | | |

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

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