RI SOS Filing Number: 201880630620 Date: 10/31/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of S	State - Bu	siness Services	s Division	FILED	
Annual Report for the Stimited Liability Comp  → Filing period: Septembe  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	r 1 - Novem	ber 1	<b>BY</b>	OCT 31 2018	FOR SECRETARY OF STATE USE OMY
·					-
1. Entity ID Number 000132599	2 Exact name of the Limited Liability Company SORCERER, LLC				
5. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island     PURCHASE AND OPERATION OF SAILING VESSELS OF ALL KINDS				
6. Principal Office Address 38 Bellevue Avenue, Suite H			City Newport	State RI	Zip 02840
7 Mailing Address of Limited Li		•	· · · · · · · · · · · · · · · · · · ·	···	-
Contact Name Julie G. Adelson, c/o J. Craig Venter Institute			Contact Title Vice President and General Counsel		
Street Address 4120 Capricorn Lane			City La Jolla	State CA	<sup>Zip</sup> 92037
8. List ALL managers (names a	and addresse	s) of the Limited Liabi	lity Company, IF APPLIC	CABLE - DO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Żip	City	State	Zıp
				Check the box to in	dicate an attachment
9 Resident Agent in Rhode Isla					
Under penalty of perjury, I de statements, and that all state				ding any accompanying	schedules and
Name of Authorized Person				Date	

SIGN DOCUMENT HERE

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

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

JULIE G. ADELSON