RI SOS Filing Number: 201882556900 Date: 12/12/2018 4:00:00 PM State of Rhode Island and Providence Plantations Department of State - Business Services Division FILED Annual Report for the year: 2018 DEC 1 2 2018 **Limited Liability Company** → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not ¿led by December 1. 2. Exact name of the Limited Liability Company 1. Entity ID Number 4. Brief description of the character of business conducted in Rhode Island 523920 Investment and management 5. State of Formation 6. Principal Office Address State 107 Warwick Ave Cronstan 02905 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name **Contact Title** manase er Carter Street Address Colunial war ainuille 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City State Zip State City Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require ¿ling Form 642. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

SIGN DOCUMENT HERE

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

enniter

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

Name of Authorized Person

Signature of Authorized Person

Date

12/10/18