



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

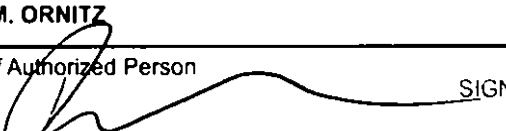
- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

JUN 07 2019

BY

2125 DS

| | | | | | |
|---|-------|--|-------------------------------|-----------------------|---------------------|
| 1. Entity ID Number 001663238 | | 2. Exact name of the Limited Liability Company INFRALINX CAPITAL LLC | | | |
| 3. NAICS Code <u>52220</u> | | 4. Brief description of the character of business conducted in Rhode Island INFRASTRUCTURE DEVELOPMENT, FINANCING AND INVESTMENT | | | |
| 5. State of Formation DELAWARE | | | | | |
| 6. Principal Office Address 115 EAST PUTNAM AVENUE | | | City GREENWICH | State CT | Zip 06830 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name RICHARD M. ORNITZ | | | Contact Title CHAIRMAN | | |
| Street Address 115 EAST PUTNAM AVENUE | | | City GREENWICH | State CT | Zip 06830 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing 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. | | | | | |
| Name of Authorized Person RICHARD M. ORNITZ | | | | Date <u>6/4/19</u> | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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