RI SOS Filing Number: 201917636580 Date: 9/3/2019 4:00:00 PM



Annual Report for the year: 2019 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.

| | FILEDTAMP | | | | | |
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| | SEP 03 2019 10P OF CTATE | | | | | |
| BY_ | <u>8091 0S</u> | | | | | |

| 1. Entity ID Number 546904 | 2. Exact name of the Limited Liability Company C-III Asset Management LLC | | | | | |
|--|---|-----------------------|-----------------------------------|----------------------------|-----------------------|--|
| 3. NAICS Code 522390 | Brief description of the character of business conducted in Rhode Island Loan servicing | | | | | |
| 5. State of Formation Delaware |] | | | | | |
| 6. Principal Office Address 5221 N O'Connor Blvd Ste 800 | | | City Irving | State TX | Zip 75039 | |
| 7. Mailing Address of Limited Lia | bility Compar | y and Name or T | itle of Contact Person | | | |
| Contact Name Yvonne Owens | | | Contact Title Assistant Secretary | | | |
| Street Address 300 N Main St Ste 402 | | | City Greenville | State SC | ^{Zip} 29601 | |
| 8. List ALL managers (names ar | nd addresses) | of the Limited Lia | ability Company, IF APPLICA | BLE - DO NOT LIST N | IEMBERS | |
| Manager Name | | | 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 | |
| | 1 | | | Check the box to in | ndicate an attachment | |
| 9. Resident Agent in Rhode Islan | nd. This informa | ation is currently of | record with the Department of St | ate. Changes require filin | g Form 642. | |
| Under penalty of perjury, I dec statements, and that all staten | | | | ng any accompanying | schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| Yvonne Owens - Assistant Secretary | | | | 8/26/2019 | | |
| Signature of Authorized Person | Wou | el v sign | DOCUMENT HERE | | | |

MAIL TO:

Division of Business Services

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

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