Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040						
If the W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company (101) 222-3040 Interview (101-12-1-16-66(dk.0)) days after the time prescribed by law (R.I.G.L. 7-16-66(dk.0)) is subject to a paraly tee of \$25-00. ANNUAL REPORT YEAR: 2019 1. ID No. 001685993 2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. S31390 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Stree: 4 PARK PLAZA, SUITE 2000 <td co<="" td=""><td>Sta</td><td></td><td></td><td></td><td>5 Fee: \$50.00</td></td>	<td>Sta</td> <td></td> <td></td> <td></td> <td>5 Fee: \$50.00</td>	Sta				5 Fee: \$50.00
(401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R1 G L 7-16-66(0.4) each limited liability company falling or refusing to file its annual report with intry (20) days after the time prescribed by law (R1.G.L. 7- 16-66(0.6.0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 0016855993 2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: <u>4 PARK PLAZA, SUITE 2000</u> City or Town: Exte: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: <u>4 PARK PLAZA, SUITE 2000</u> City or Town: Exte: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Co		148 W. Ri	ver Street			
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 001685993 2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA <td col<="" td=""><td>HOPE</td><td></td><td></td><td></td><td></td></td>	<td>HOPE</td> <td></td> <td></td> <td></td> <td></td>	HOPE				
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 18-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 0016855993 2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	Annual Report					
1. ID No. 001685993 2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Domot LIST MEMBERS <td>to file its annual report within</td> <td>thirty (30) days after the time</td> <td></td> <td></td> <td></td>	to file its annual report within	thirty (30) days after the time				
2. Exact Name of the Limited Liability Company SCP Servicing, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	ANNUAL REPORT YEAR:	2019				
3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	1. ID No. <u>001685993</u>					
ARTICLE III ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5 Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: State: CA zip: 92614 Country: USA A State: CA zip: 92614 Country: USA Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Count	2. Exact Name of the Lim	ited Liability Company SC	P Servicing, LI	<u>.C</u>		
ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Country: USA State: CA zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	3. State of Formation					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: State: CA zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	State: <u>DE</u>					
the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name		ARTICLE	E III			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island COMMERCIAL MORTGAGE LOAN SERVICING 5. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: City or Town: IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: City or Town: IRVINE State: CA Zip: 92614 Country: USA	-		•	conducted by the	e entity. Download	
OMMERCIAL MORTGAGE LOAN SERVICING S. Principal Office Address No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Size: CA Size: CA Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: IRVINE State: CA Zip: 92614 Country: USA Country: USA State: CA Zip: 92614 Country: USA Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	<u>531390</u>					
Address Strict Address No. and Street: 4 PARK PLAZA, SUITE 2000 IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 IRVINE State: CA Zip: 92614 Country: USA Contact Title: No. and Street: 4 PARK PLAZA, SUITE 2000 City or Town: State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	4. Brief Description of the	Character of the Business N	Which is Actua	Ily Conducted	in Rhode Island	
No. and Street: City or Town: 4 PARK PLAZA, SUITE 2000 IRVINE State: CA Zip: 92614 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Count Title: No. and Street: No. and Street: 4 PARK PLAZA, SUITE 2000 IRVINE State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	COMMERCIAL MORTO	AGE LOAN SERVICING				
City or Town:IRVINEState: CAZip: 92614Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:4 PARK PLAZA, SUITE 2000City or Town:IRVINEState:CAZip:92614Country:USAState: CAZip:92614Country:USACity or Town:IRVINEState:CAZip:92614Country:USATitleIndividual NameAddress	5. Principal Office Address	5				
Contact Name: Contact Title: No. and Street: <u>4 PARK PLAZA, SUITE 2000</u> City or Town: <u>IRVINE</u> State: CA Zip: <u>92614</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address			State: <u>CA</u>	Zip: <u>92614</u>	Country: <u>USA</u>	
No. and Street: City or Town: 4 PARK PLAZA, SUITE 2000 IRVINE State: CA Zip: 92614 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	6. Mailing Address of Limi	ited Liability Company and	Name or Title of	of Contact Pers	son:	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	No. and Street: <u>4 PARK</u>		Stata: CA	7in, 02614		
DO NOT LIST MEMBERS Title Individual Name Address				·		
			d Liability Com	pany, if Applic	able.	
FIRST, MIDDIE, LAST, SUITIX Address, City or Town, State, Zip Code, Country				م ما ما م		
	Title					

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2019 at 10:41:51 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>R. PATTERSON JACKSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved