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State of Rhode Island and Providence Plantations  Department of State - Business Services Division			
Annual Report for the year: _Limited Liability Company	2019		
→ Filing period: September 1 - Nov	rember 1		

1. Entity ID Number 2. Exact name of the Limited Liability Company 000846807 4. Brief description of the character of business conducted in Rhode Island 3. NAICS Code Private Equity Investments ·R1 6. Principal Office Address City State Narraganset 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBER Manager Name Street Address City State 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 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 Date Signature of Authorized Person SIGN TOO ! LENT HERE

MAIL TO:

Division of Business Services

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

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

SEP 1.6 2019

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