e e e e e e e e e e e e e e e e e e e	itate of Rhode Island and Pro Office of the Secreta		\$50.00
	Division Of Business	Services	
	148 W. River St		
Hant	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report	ipany		
Filing Period: September 1	- November 1		
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp	any failing or refusing to	
	thirty (30) days after the time prescribe	ed by law (R.I.G.L. 7-16-	
66(b&c)) is subject to a per	iaity iee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001674729</u>	2		
2. Exact Name of the Limited Liability Company Cole MT Pawtucket RI, LLC			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
-	e information on <u>NAICS</u> can be found		au
531390			
<u> </u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island	Ł
REAL ESTATE INVESTMENT AND ANY OTHER LAWFUL BUSINESS			
5. Principal Office Addre	SS		
No. and Street:2398 E. CAMELBACK ROAD, 4TH FLOORCity or Town:PHOENIXState:AZZip:85016Country:USA			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
No. and Street: <u>2398 E. CAMELBACK ROAD, 4TH FLOOR</u> City or Town: <u>PHOENIX</u> State: <u>AZ</u> Zip: <u>85016</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	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Countr	ry
MANAGER	COLE REAL ESTATE INCOME S (DAILY NAV) ADVISORS, LLC	2325 E. CAMELBACK ROAD, SUITE 110 PHOENIX, AZ 85016 USA)0

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

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

Signed this 4 Day of October, 2019 at 11:51:56 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>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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