

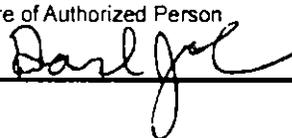


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 OCT 18 3 12 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.

|   |       |  |                    |                                 |     |
|---|-------|--|--------------------|---------------------------------|-----|
| 1. Entity ID Number<br><b>000790937</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Firefly MA Investments I, LLC</b>                 |                    |                                 |     |
| 3. NAICS Code<br><b>523920</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>asset management</b> |                    |                                 |     |
| 5. State of Formation<br><b>Massachusetts</b>   |       |  |                    |                                 |     |
| 6. Principal Office Address<br><b>601 West 26th Street, Suite 1520</b>  |       | City<br><b>New York</b>  | State<br><b>NY</b> | Zip<br><b>10001</b>             |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                    |                                 |     |
| Contact Name<br><b>Dan Jemal</b>  |       | Contact Title<br><b>Chief Financial Officer</b>  |                    |                                 |     |
| Street Address<br><b>601 West 26th Street, Suite 1520</b>   |       | City<br><b>New York</b>  | State<br><b>NY</b> | Zip<br><b>10001</b>             |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                    |                                 |     |
| 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 |
| 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.   |       |  |                    |                                 |     |
| <b>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.</b> |       |  |                    |                                 |     |
| Name of Authorized Person<br><b>Dan Jemal</b>   |       |  |                    | Date<br><b>October 17, 2019</b> |     |
| Signature of Authorized Person<br>   |       | SIGN DOCUMENT HERE   |                    |                                 |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3340  
 Website: www.sos.ri.gov

**FILED**  
 OCT 18 2019  
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