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**Department of State - Business Services Division** 

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 000790936                                      | 2. Exact name of the Limited Liability Company Firefly MA Investments II, LLC |                     |                                       |                            |                        |  |
|--|---|---------------------|---------------------------------------|----------------------------|------------------------|--|
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island      |                     |                                       |                            |                        |  |
| 523920   | asset management  |                     |                                       |                            |                        |  |
| 5. State of Formation  | 1   |                     |                                       |                            |                        |  |
| Massachusetts  |   |                     |                                       |                            |                        |  |
| 6. Principal Office Address  |   |                     | City                                  | State                      | Zip                    |  |
| 601 West 26th Street, Suite 1520                                   |   |                     | New York                              | NY                         | 10001                  |  |
| 7. Mailing Address of Limited Lia                                  | bility Compa  | ny and Name oi      | r Title of Contact Person             |                            |                        |  |
| Contact Name Dan Jemal   |   |                     | Contact Title Chief Financial Officer |                            |                        |  |
| Street Address 601 West 26th Street, Suite 1520                    |   |                     | City New York                         | State NY                   | Z <sup>-</sup> P 10001 |  |
| 8. List ALL managers (names ar                                     | nd addresses  | s) of the Limited   | Liability Company, IF APPLICA         | BLE - DO NOT LIST I        | MEMBERS                |  |
| Manager Name   |   |                     | Manager Name                          |                            |                        |  |
| Street Address   |   |                     | Street Address                        | Street Address             |                        |  |
| City   | State   | Zip                 | City                                  | State                      | Zip                    |  |
| Manager Name   |   |                     | Manager Name                          |                            |                        |  |
| Street Address   |   |                     | Street Address                        |                            |                        |  |
| City   | State   | Zip                 | City                                  | State                      | Z!p                    |  |
|  | 1   | L                   | L                                     | Check the box to i         | ndicate an attachment  |  |
| 9. Resident Agent in Rhode Islan                                   | nd. This inform   | nation is currently | of record with the Department of St   | ate. Changes require filir | ng Form 642.           |  |
| Under penalty of perjury, I dec<br>statements, and that all states |   |                     |                                       | ng any accompanyin         | g schedules and        |  |
| Name of Authorized Person  |   |                     |                                       | Date                       | Date                   |  |
| Dan Jemal  |   |                     |                                       | Octobe                     | r 17, 2019             |  |
| Signature of Authorized Person                                     | eul   | SIG                 | N DOCUMENT HERF                       |                            |                        |  |
|  |   |                     |                                       |                            |                        |  |

MAIL TO:

**Division of Business Services** 

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

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FORM 632 - Revised: 10/2017