	State of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	<b>R</b> : <u>2019</u>		
<b>1. ID No.</b> <u>0016577</u>	03		
2. Exact Name of the I	Limited Liability Company <u>ELKHO</u>	RN DEPOSITOR LLC	<u>.</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. Mo	<b>ARTICLE III</b> Code that best describes the primary lore information on <u>NAICS</u> can be found		he entity. Download
the list of codes <u>here.</u> Mo <u>522294</u>	Code that best describes the primary logical formation on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> Mo <u>522294</u>	Code that best describes the primary l	online.	
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the list of codes <u>here.</u> Mo <u>522294</u> <b>4. Brief Description of t</b> <u>ACT AS DEPOSITOR</u> <b>5. Principal Office Add</b> No. and Street: <u>251</u>	Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which FOR MORTGAGE RELATED ASS ress	online.	
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the list of codes <u>here.</u> Mo <u>522294</u> <b>4. Brief Description of a</b> <u>ACT AS DEPOSITOR</u> <b>5. Principal Office Adde</b> No. and Street: <u>251</u> City or Town: <u>WII</u> <b>6. Mailing Address of L</b> Contact Name: <u>MARIE</u>	Code that best describes the primary labore information on <u>NAICS</u> can be found the Character of the Business Which FOR MORTGAGE RELATED ASS ress LITTLE FALLS DRIVE LITTLE FALLS DRIVE	is Actually Conducted <u>SETS</u> te: <u>DE</u> Zip: <u>19808</u> or Title of Contact Per	l in Rhode Island Country: <u>USA</u>
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the list of codes here. Mo <u>522294</u> 4. Brief Description of the second	Code that best describes the primary labore information on <u>NAICS</u> can be found the Character of the Business Which FOR MORTGAGE RELATED ASS ress LITTLE FALLS DRIVE LMINGTON Stat .imited Liability Company and Name EL DELGADO Contact Title: <u>ASSIST</u> BROADWAY, SUITE 1500 YORK S of Each Manager of the Limited Liab	is Actually Conducted <u>SETS</u> te: <u>DE</u> Zip: <u>19808</u> or Title of Contact Per <u>ANT SECRETARY</u> State: <u>NY</u> Zip: <u>10036</u>	I in Rhode Island Country: <u>USA</u> rson: 6 Country: <u>USA</u> cable.

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 22 Day of October, 2019 at 1:10:14 PM 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>MARIBEL DELGADO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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