



State of Rhode Island and Providence Plantations
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.

FILED

OCT 21 2019

BY 1107 DS

| | | | |
|---|-------|---|--------------------|
| 1. Entity ID Number 000122690 | | 2. Exact name of the Limited Liability Company Management Capital LLC | |
| 3. NAICS Code 551114 | | 4. Brief description of the character of business conducted in Rhode Island Investment management | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 60 Bay Spring Ave., B4 | | City Barrington | State RI |
| | | Zip 02806 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Bob Manchester | | Contact Title Member | |
| Street Address 60 Bay Spring Ae., B4 | | City Barrington | State RI |
| | | Zip 02806 | |
| 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 Barrington | State | City | State |
| | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | 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. | | | |
| 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 Robert D Manchester | | Date 10/16/19 | |
| Signature of Authorized Person | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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