State of Rhode Island and Providence Plantations Fe Office of the Secretary of State	e: \$50.0
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222 2040	
(401) 222-3040	
_imited Liability Company	
Annual Report Filing Period: September 1 - November 1	
ning Fendu. September 1 - November 1	
n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing or filling or refusing	
16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2019	
1. ID No. <u>000141826</u>	
2. Exact Name of the Limited Liability Company <u>LARA CAPITAL, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
999999	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isl	and
OWNERSHIP AND MANAGEMENT OF REAL AND PERSONAL PROPERTY AND FINANCIAL	
ASSETS	
AND MANAGEMENT ADVICE	
5. Principal Office Address	
No. and Street:35 LONG WHARF MALLCity or Town:NEWPORTState: RIZip: 02840Country: US	SA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: <u>35 LONG WHARF MALL</u>	. .
City or Town: <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>U</u>	<u>SA</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, Co	untry

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

MARYJO CARR 47 LONG WHARF MALL NEWPORT, RI 02840

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

Signed this 25 Day of October, 2019 at 2:15:15 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 MARYJO CARR

Signature of Authorized Person

Form No. 632 Revised 09/07

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