

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.

| FILEDSTAMP | | | | | |
|--------------|----------------|--|--|--|--|
| NOV 0 7 2019 | DO SERVICIONES | | | | |
| 1260 | States | | | | |

| 1. Entity ID Number 000541714 | 2. Exact name of the Limited Liability Company SVGP LLC | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|-----------------------------|------------------------|--|--|
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531110 | Development of Real Estate | | | | | | |
| 5. State of Formation | 1 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | • | <u>-</u> - | City | State | Zıp | | |
| 1414 Atwood Avenue | | Johnston | RI | 02919 | | | |
| 7. Mailing Address of Limited Li | ability Compa | any and Name o | r Title of Contact Person | • | • | | |
| Contact Name Kelly Coates | | Contact Title Authorized Trustee | | | | | |
| Street Address 1414 Atwood Avenue | | City Johnston | State RI | ^{Zip} 02919 | | | |
| 8. List ALL managers (names a | and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | Manager Name | Manager Name | | | | |
| Street Address | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | | 1 | Check the box to | indicate an attachment | | |
| 9. Resident Agent in Rhode Isla | and. This inforr | mation is currently | of record with the Department of St | ate. Changes require fili | ng Form 642. | | |
| Under penalty of perjury, I de statements, and that all state | clare and afi ments conta | firm that I have Ined herein are | examined this report, includi true and correct. | ng any accompanyir | ng schedules and | | |
| Name of Authorized Person | | | Date | Date | | | |
| Kelly Coates | | | 10/23/19 | | | | |
| Signature of Authorized Person | # | SIG | N DOCUMENT HERE | | | | |
| | -/W | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov