



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2020

1. ID No. 001664183

2. Exact Name of the Limited Liability Company Castle Credit Co Holdings, LLC

3. State of Formation

State: FL

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HOLDING COMPANY

5. Principal Office Address

No. and Street: 200 SOUTH MICHIGAN AVENUE, SUITE 450

City or Town: CHICAGO

State: IL Zip: 60604 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 200 SOUTH MICHIGAN AVENUE, SUITE 450

City or Town: CHICAGO

State: IL Zip: 60604 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS ANDERSON	200 SOUTH MICHIGAN AVENUE, SUITE 450 CHICAGO, IL 60604 USA
MANAGER	ADAM DIEKELMAN	200 SOUTH MICHIGAN AVENUE, SUITE 450 CHICAGO, IL 60604 USA

MANAGER

ROBERT FORSYTHE

200 SOUTH MICHIGAN AVENUE, SUITE 450
CHICAGO, IL 60604 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI
02903

Signed this 28 Day of August, 2020 at 10:43:18 AM 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 ADAM DIEKELMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 28, 2020 10:42 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

