	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000795001</u>			
2. Exact Name of the Lin	mited Liability Company <u>RAZOR</u>	CAPITAL, LLC	
3. State of Formation			
State: <u>MN</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	tity. Download
<u>561440</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
DEBT COLLECTION			
5. Principal Office Addre	SS		
	DRMAN CTR. DRIVE, SUITE 350 IINGTON	<u>)</u> State: <u>MN</u> Zip: <u>55437</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact No. and Street: <u>8000 NC</u> City or Town: <u>BLOOMI</u>	RMAN CTR.DRIVE, SUITE 35	<u>)</u> State: <u>MN</u> Zip: <u>55437</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab	ility Company, if Applicable	9.
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix CHRISTOPHER WINKLER	Address, City or Town, State, Zip 8000 NORMAN CENTER BLOOMINGTON, MN 554	DRIVE STE 350
MANAGER	ROBERT JOHNSON	8000 NORMAN CENTER	

BLOOMINGTON, MN 55437 USA

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

URS AGENTS, LLC 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 29 Day of September, 2020 at 12:16:40 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>PRASHANTI NARAYANAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved