	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	+0	
Limited Liability Con Annual Report	npany		
Filing Period: September 1	I - November 1		
	7-16-66(d), each limited liability comp hin thirty (30) days after the time presc h penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2020</u>		
<b>1. ID No.</b> <u>00170031</u>	<u>.0</u>		
2. Exact Name of the L	imited Liability Company <u>BLOCK</u>	FI TRADING LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. Mo	Code that best describes the primary re information on <u>NAICS</u> can be found	-	entity. Download
<u>522291</u>			
4. Brief Description of the	he Character of the Business Which	n is Actually Conducted in	Rhode Island
<u>LENDING</u>			
5. Principal Office Addr	ess		
No. and Street: 201 MC City or Town: JERSEY	ONTGOMERY STREET, SUITE 20 Y CITY	53 State: <u>NJ</u> Zip: <u>0730</u>	<u>2</u> Country: <u>USA</u>
City or Town: JERSEY		State: <u>NJ</u> Zip: <u>0730</u>	
City or Town: JERSEY 6. Mailing Address of L Contact Name: Contact	Y CITY imited Liability Company and Name t Title: NTGOMERY STREET, SUITE 2	State: <u>NJ</u> Zip: <u>0730</u> or Title of Contact Perso	n:
City or Town: JERSEY 6. Mailing Address of L Contact Name: Contact No. and Street: 201 MO City or Town: JERSEY	Y CITY imited Liability Company and Name t Title: NTGOMERY STREET, SUITE 2 Y CITY of Each Manager of the Limited Liak	State: <u>NJ</u> Zip: <u>0730</u> e or Title of Contact Perso <u>263</u> State: <u>NJ</u> Zip: <u>0730</u>	n: <u>2</u> Country: <u>USA</u>
City or Town: JERSE 6. Mailing Address of L Contact Name: Contact No. and Street: 201 MO City or Town: JERSE 7. Name and Address of	Y CITY imited Liability Company and Name t Title: NTGOMERY STREET, SUITE 2 Y CITY of Each Manager of the Limited Liak	State: <u>NJ</u> Zip: <u>0730</u> e or Title of Contact Perso <u>263</u> State: <u>NJ</u> Zip: <u>0730</u>	n: <u>2</u> Country: <u>USA</u>

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

**Signed this 5 Day of October, 2020 at 1:46:49 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 EVAN GOTTLIEB

Signature of Authorized Person

Form No. 632 Revised 09/07

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