	State of Rhode Is Office of the Secretar		e: \$50.00
	Division Of Business S	-	
	148 W. River Str		
	Providence RI 02904		
HOPE	(401) 222-3040)	
Limited Liability Compa Annual Report Filing Period: September 1 - N			
	16-66(d), each limited liability company i days after the time prescribed by law (R 5.00.		
ANNUAL REPORT YEAR: 2	020		
1. ID No. <u>001696227</u>			
2. Exact Name of the Limited Liability Company <u>CF Ocelot PVD LLC</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>523110</u>			
4. Brief Description of the (Character of the Business Which is A	ctually Conducted in Rhode Island	
INVESTMENT HOLDING	<u>G COMPANY</u>		
5. Principal Office Address			
No. and Street: C/O FIG L	LC		
1345 AVENUE OF THE AMERICAS, 46TH FLOOR			
City or Town: <u>NEW YOR</u>	<u>K</u>	State: <u>NY</u> Zip: 10105 Country	: <u>USA</u>
6. Mailing Address of Limit	ed Liability Company and Name or T	itle of Contact Person:	
Contact Name: Contact Title:			
No. and Street: C/O FIG LL			
City or Town: <u>NEW YOR</u>	<u>NUE OF THE AMERICAS, 46TH F</u> K	<u>FLOOR</u> State: <u>NY</u> Zip: <u>10105</u> Country	/: <u>USA</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, Count	trv

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 6 Day of October, 2020 at 5:37:14 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>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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