	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Cor Annual Report Filing Period: September			
	7-16-66(d), each limited liability comp hin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2020</u>		
1. ID No. <u>00011587</u>	7 <u>0</u>		
2. Exact Name of the L	imited Liability Company <u>GP ROC</u>	KY INVESTORS, L.	<u>L.C.</u>
3. State of Formation			
State: <u>RI</u>			
the list of codes here. Mo	Code that best describes the primary re information on <u>NAICS</u> can be found	•	the entity. Download
the list of codes <u>here.</u> Mo <u>531390</u>		online.	
the list of codes <u>here.</u> Mo <u>531390</u>	he Character of the Business Which	online.	
the list of codes <u>here.</u> Mo <u>531390</u> <b>4. Brief Description of t</b>	he Character of the Business Which	online.	
the list of codes <u>here.</u> Mo <u>531390</u> <b>4. Brief Description of t</b> <u>REAL ESTATE INVES</u> <b>5. Principal Office Addr</b> No. and Street: <u>7 JA</u>	he Character of the Business Which	online.	
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the list of codes here. Mo <u>531390</u> <b>4. Brief Description of t</b> <u>REAL ESTATE INVES</u> <b>5. Principal Office Addr</b> No. and Street: 7 JA City or Town: PRO <b>6. Mailing Address of L</b> Contact Name: Contact No. and Street: 7 JA	he Character of the Business Which <u>STMENT</u> ess <u>ACKSON WALKWAY</u> <u>DVIDENCE</u> Sta imited Liability Company and Name	te: <u>RI</u> Zip: <u>02903</u>	d in Rhode Island Country: <u>USA</u>
the list of codes here. Mo <u>531390</u> 4. Brief Description of t REAL ESTATE INVES  5. Principal Office Addr No. and Street: 7 JA City or Town: PRC  6. Mailing Address of L Contact Name: Contact No. and Street: 7 JA City or Town: PRC	The Character of the Business Which CARACKSON WALKWAY OVIDENCE Sta imited Liability Company and Name t Title: CKSON WALKWAY OVIDENCE State of Each Manager of the Limited Liab	te: <u>RI</u> Zip: <u>02903</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02903</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
the list of codes here. Mo <u>531390</u> 4. Brief Description of t REAL ESTATE INVES  5. Principal Office Addr  No. and Street: 7 JA City or Town: PRC  6. Mailing Address of L  Contact Name: Contact No. and Street: 7 JA City or Town: PRC  7. Name and Address of L	The Character of the Business Which CARACKSON WALKWAY OVIDENCE Sta imited Liability Company and Name t Title: CKSON WALKWAY OVIDENCE State of Each Manager of the Limited Liab	te: <u>RI</u> Zip: <u>02903</u> or Title of Contact Pe e: <u>RI</u> Zip: <u>02903</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> icable.

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

MARY STOLMEIER 7 JACKSON WALKWAY PROVIDENCE, RI 02903

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

**Signed this 9 Day of October, 2020 at 2:44:15 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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