RI SOS Filing Number: 202064941020 Date: 10/9/2020 4:00:00 PM

| 3 | State of Rhode Island Department of State - Business Services Division |
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Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

- → Filing period. September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| <u> </u> | T = - | * | | | | | |
|--|---|---------------------|---------------------------|---------------------|-----------------------|--|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 308616 | 333 Retail A Holdings, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531390 | Invest in real property through construction, renovation, rehabilitation, operation & leasing of real | | | | | | |
| 5. State of Formation | property, conduct all activities related, necessary or incidental thereto. | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | <u>.</u> | | City | State | Zip | | |
| 5 Cathedral Square | | | Providence | RI | 02903 | | |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Title | of Contact Person | | | | |
| Contact Name Scott Gaudreau | - | | Contact Title | | | | |
| Street Address 5 Cathedral Squar | e | | City Providence | State RI | Zip 02903 | | |
| 8. List ALL managers (names ar | nd addresses) (| of the Limited Liab | ility Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | · | • | | Check the box to i | ndicate an attachment | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | | | |
| Name of Authorized Person Date | | | | | | | |
| Scott Gaudreau, Vice President/ Treasurer of Cathedral Development Group, Inc. | | | | | | | |
| Signature of Authorized Person | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 0 9 2020 VM