	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River St	reet	
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>00078867</u>	7		
2. Exact Name of the Li MANAGEMENT, LLC	mited Liability Company <u>BRAND</u>	YWINE GLOBAL I	<u>NVESTMENT</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
<u>523900</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
INVESTMENT SOLUT	IONS		
5. Principal Office Addre	SS		
No. and Street:2929 ARCH ST FL 8City or Town:PHILADELPHIAState: PAZip: 19104Country: USA			
6. Mailing Address of Li	nited Liability Company and Name		·
Contact Name: Contact			
No. and Street: 2929	ARCH ST FL 8		
City or Town: PHII	<u>_ADELPHIA</u> State: <u>P</u>	<u>A</u> Zip: <u>19104</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Ap	plicable.
Title	Individual Name	Ado	dress
First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
MANAGER	ADAM SPECTOR	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA	

MANAGER	DAVID F. HOFFMAN	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA
MANAGER	HENRY OTTO	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA
MANAGER	JOHN D. KENNEY	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA
MANAGER	PATRICIA LATTIN	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA
MANAGER	URSULA SCHLIESSLER	2929 ARCH ST FL 8 PHILADELPHIA, PA 19104 USA

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

CORPORATION SERVICE COMPANY 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 21 Day of October, 2020 at 11:36:28 AM 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 THOMAS C. MERCHANT

Signature of Authorized Person

Form No. 632 Revised 09/07

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