	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00009796</u>	8		
2. Exact Name of the L	imited Liability Company <u>C-28 FC</u>	CC LICENSEE SUBSI	DIARY, LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found		the entity. Download
F1 F1 00			
<u>515120</u>			
	ne Character of the Business Whic	n is Actually Conducted	d in Rhode Island
4. Brief Description of th	ne Character of the Business Whick	n is Actually Conducted	d in Rhode Island
4. Brief Description of th	<u>V IN PROVIDENCE, RI</u>	n is Actually Conducted	d in Rhode Island
4. Brief Description of the second strength of the second st	<u>V IN PROVIDENCE, RI</u> ess <u>vest 52ND STREET</u>	n is Actually Conducte	d in Rhode Island Country: <u>USA</u>
4. Brief Description of the operation of th	<u>V IN PROVIDENCE, RI</u> ess <u>vest 52ND STREET</u>	:: <u>NY</u> Zip: <u>10019</u>	Country: <u>USA</u>
4. Brief Description of the OPERATED WLWC-T 5. Principal Office Addres No. and Street: 51 W City or Town: NEW 6. Mailing Address of Lit Contact Name: C/O ASI No. and Street: 51 W	V IN PROVIDENCE, RI SSS VEST 52ND STREET V YORK State mited Liability Company and Name HLEY CHAFFIN Contact Title: 52ND STREET (19-13)	:: <u>NY</u> Zip: <u>10019</u> e or Title of Contact Pe	Country: <u>USA</u> erson:
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4. Brief Description of the operated with the operated with the operation of	V IN PROVIDENCE, RI ess VEST 52ND STREET VYORK mited Liability Company and Name HLEY CHAFFIN Contact Title: 52ND STREET (19-13) YORK St f Each Manager of the Limited Liability	:: <u>NY</u> Zip: <u>10019</u> e or Title of Contact Pe ate: <u>NY</u> Zip: <u>10019</u>	Country: <u>USA</u> erson:
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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 27 Day of October, 2020 at 9:20:36 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 <u>ERIC J. SOBCZAK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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