| | State of Rhode Office of the Secreta | | : \$50.00 |
|--|---|---|-----------|
| | Division Of Business | Services | |
| | 148 W. River St | | |
| | Providence RI 0290 | | |
| HOPE | (401) 222-304 | 40 | |
| Limited Liability Com | ipany | | |
| Annual Report | November 1 | | |
| Filing Period: September 1 | - November 1 | | |
| | 7-16-66(d), each limited liability comp in thirty (30) days after the time press | | |
| to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: | <u>2020</u> | | |
| 1. ID No. <u>000121383</u> | 3 | | |
| 2. Exact Name of the Limited Liability Company <u>CLARIDGE LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| - | e information on <u>NAICS</u> can be found | business conducted by the entity. Dowr online. | noad |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in Rhode Isla | and |
| | | | |
| FINANCE/NONE IN R | HODE ISLAND | | |
| | | | |
| 5. Principal Office Addre | SS | | |
| | 50 SHIRLEY STREET | | |
| | <u>P.O. BOX CB-13937</u> NASSAU | State: Zip: Country: BHS | |
| City or Town: | NASSAU | State: Zip: Country: <u>BHS</u> | |
| 6. Mailing Address of Li | mited Liability Company and Name | or Title of Contact Person: | |
| Contact Name: Contact | | | |
| | <u>. BOX 1726</u> ST GREENWICH State: F | RI Zip: 02818 Country: USA | 4 |
| | Each Manager of the Limited Liab | | |
| | | | |
| Title | Individual Name | Address | |
| MANAGER | First, Middle, Last, Suffix OLEG PLATOV | Address, City or Town, State, Zip Code, Cou | ntry |
| | OLEG FLATOV | 12 TOBOISKAYA STREET ST. PETERSBURG 194044 RUS | |

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

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

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 11:29:38 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 OLEG PLATOV

Signature of Authorized Person

Form No. 632 Revised 09/07

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