	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 0290 (401) 222-30			
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing 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: 2020				
<b>1. ID No.</b> <u>001028379</u>				
2. Exact Name of the Limited Liability Company <u>SG CAPITAL PARTNERS LLC</u>				
3. State of Formation				
State: <u>DE</u>				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
<u>523920</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
PURCHASE AND SALE OF RESIDENTIAL MORTGAGE LOANS				
5. Principal Office Address				
	ASHINGTON BOULEVARD			
City or Town: <u>STAM</u>		State: <u>CT</u> Zip: <u>06901</u>	Country: <u>USA</u>	
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Perso	n:	
Contact Name: Contact Title: No. and Street: <u>750 WASHINGTON BOULEVARD</u> SUITE 1050				
City or Town: STAMF		State: <u>CT</u> Zip: <u>06901</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
MANAGER	First, Middle, Last, Suffix DAN SPARKS	Address, City or Town, State, 2		
		750 WASHINGTON BOULE	EVARD. SUITE 1050	

		STAMFORD, CT 06901 USA	
MANAGER	JAY STRAUSS	750 WASHINGTON BOULEVARD, SUITE 1050 STAMFORD, CT 06901 USA	
MANAGER	JUSTIN MAHONEY	750 WASHINGTON BOULEVARD, SUITE 1050 STAMFORD, CT 06901 USA	
MANAGER	KEVIN GASVODA	750 WASHINGTON BOULEVARD, SUITE 1050 STAMFORD, CT 06901 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 27 Day of October, 2020 at 11:56:39 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 JAY STRAUSS

Signature of Authorized Person

Form No. 632 Revised 09/07

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