RI SOS Filing Number: 202069957990 Date: 10/26/2020 4:00:00 PM

| State of Rhode Islan Department o | f State - Busi | ness Servic | es Division | | | |
|---|--|---|------------------------------|-------------------------|-----------------------|--|
| Annual Report for the year: 2020 | | | | F | FILED | |
| imited Liability Con | npany | 4 | | OCT 2 6 2020 | | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | | | | | | |
| → Penalty: Additional \$2 | 5.00 fee if form is | not filed by Dec | cember 1. | BY | TOUX U | |
| . Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | |
| 676811 | 1 ' | Lifeway Ease, LLC | | | | |
| , NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 238190 | To engage | To engage in any act or activity for which limited liability companies may be formed under the RI | | | | |
| 5. State of Formation | limited linb | limited liability act as amended from time to time. | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 40 Weston Street, Suite A | | | Hartford | ст | 06120 | |
| 7. Mailing Address of Limite | ed Liability Compa | ny and Name or | Title of Contact Person | | | |
| Contact Name Paul Bergant | | | Contact Title Member | | | |
| Street Address 40 Weston Street, Suite A | | | City Hartford | State CT | ^{Zip} 06120 | |
| 8. List ALL managers (nan | nes and addresse: | s) of the Limited L | isbility Company, IF APPLIC | ABLE - DO NOT LIST I | MEMBERS | |
| Managor Nama None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to i | ndicate an attachment | |
| 9. The Resident Agent Info | mation currently o | of record with the | RI Department of State is ac | curate. Changes require | e filing Farm 642. | |
| Under penalty of perjury, Statements, and that all s | i deciare and affi tatements contai | irm that i have e nod herein om i | xamined this report, includ | ling any accompanyin | g schodules and | |
| Name of Authorized Parson | 1 | | And GOLOGE | Date | | |
| Paul Bergantino | | | | | 10/13/20 | |
| Signature of Authorized Pe | rson | * | | | r | |
| ✓ | On Byot | | | | | |

MAIL TO:

Division of Business Services

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

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