| | State of Rhode Office of the Secreta | | e: \$50.00 |
|---|---|---|------------|
| | Division Of Business 148 W. River S | | |
| | Providence RI 0290 |)4-2615 | |
| HOPE | (401) 222-30 | +0 | |
| Limited Liability Company Annual Report | | | |
| Filing Period: September 1 | - November 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 | | | |
| 1. ID No. <u>001690778</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>SJK Assets, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>NY</u> | | | |
| ARTICLE III | | | |
| 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>221114</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| MANAGEMENT OF COMPANIES AND ENTERPRISES | | | |
| 5. Principal Office Addre | SS | | |
| | DMARK SQUARE, SUITE 320 | | |
| City or Town: <u>STAME</u> | FORD | State: \underline{CT} Zip: $\underline{06902}$ Country: | <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact Title: No. and Street: 1 LANDMARK SQUARE, SUITE 320 | | | |
| City or Town: STAMF | | State: CT Zip: 06902 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 | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Co | untry |
| MANAGER | JASON KUFLIK | 1 LANDMARK SQUARE, SUITE 3 STAMFORD, CT 06902 USA | 20 |

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

VCORP SERVICES, LLC 222 JEFFERSON BOULEVARD 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 30 Day of October, 2020 at 3:12:45 PM 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 JASON KUFLIK

Signature of Authorized Person

Form No. 632 Revised 09/07

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