| | State of Rhode Office of the Secreta | | Fee: \$50. |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|
| | Division Of Business 148 W. River S Providence RI 0290 | treet | |
| HOPE | (401) 222-304 | | |
| Limited Liability Com Annual Report | npany | | |
| Filing Period: September 1 | - November 1 | | |
| | . 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR | : <u>2020</u> | | |
| 1. ID No. <u>00014719</u> | 7 | | |
| 2. Exact Name of the Li | mited Liability Company <u>TOLL V</u> | ANDERBILT II LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| <u>000081</u> | e information on <u>NAICS</u> can be found | | |
| 4. Brief Description of th | ne Character of the Business Which | is Actually Conducte | ed in Rhode Island |
| SERVE AS A MEMBE | R OF VANDERBILT CAPITAL L | <u>LC</u> | |
| 5. Principal Office Addre | 255 | | |
| No. and Street: <u>114</u> |) VIRGINIA DRIVE | | |
| City or Town: FOR | <u>RT WASHINGTON</u> State: | <u>PA</u> Zip: <u>19034</u> | Country: <u>USA</u> |
| 6. Mailing Address of Li | mited Liability Company and Name | or Title of Contact P | erson: |
| Contact Name: LEGAL | DEPT. Contact Title: | | |
| | VIRGINIA DRIVE | | |
| City or Town: FOR | T WASHINGTON State: | PA Zip: <u>19034</u> | Country: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBE | f Each Manager of the Limited Liak RS | bility Company, if App | licable. |
| Title | Individual Name | Add | ress |
| | First, Middle, Last, Suffix | Address, City or Town, S | State, Zip Code, Country |
| MANAGER | DOUGLAS C YEARLEY, JR | 1140 VIF FORT WASHINGTO | RGINIA DRIVE DN, PA 19034 USA |
| MANAGER | ROBERT PARAHUS | 1140 VIF | RGINIA DRIVE |

MANAGER

MARTIN P CONNOR

FORT WASHINGTON, PA 19034 USA

1140 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 USA

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

UNITED AGENT GROUP INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of November, 2020 at 8:20:44 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 KENNETH J. GREENSPAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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