



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

AMENDED

Annual Report for the year: **2020**
 Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR 29 P 1:03

1. Entity ID Number 001661665		2. Exact name of the Limited Liability Company Square Capital, LLC			
3. NAICS Code 522110		4. Brief description of the character of business conducted in Rhode Island Financial services			
5. State of Formation DE					
6. Principal Office Address 1455 Market Street, 6th Floor,		City San Francisco		State CA	Zip 94103
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cassius Sangco		Contact Title Corporate Paralegal			
Street Address 1455 Market Street, 6th Floor,		City San Francisco		State CA	Zip 94103
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Benjamin Gray		Manager Name			
Street Address 1455 Market Street, 6th Floor,		Street Address			
City San Francisco	State CA	Zip 94103	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Agnes Jensen				Date 3/24/2021	
Signature of Authorized Person <i>Agnes Jensen</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 29 2021

BY *Ch* 1:03



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 29, 2021 01:03 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

