RI SOS Filing Number: 202101056490 Date: 9/7/2021 4:00:00 PM

| (IEI) | |
|-------|--|
| | |

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2021 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.

| 5 | EP 07 2021 | \sim |
|----|------------|--------|
| BY | 102 | |
| | | \Box |

| 1. Entity ID Number | 2. Exact name | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---------------------------------------|--|-----------------------------------|--------------------------|------------------------|--|--|--|
| 113055 | S-BNK EA | S-BNK EAST PROVIDENCE LLC | | | | | | |
| 3. NAICS Code | 4. Brief descrip | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 53 1110 | Leasin | Leasing of Real Estate | | | | | | |
| 5. State of Formation | 1 | | | | | | | |
| Delaware | | | | | | | | |
| 6. Principal Office Address | * | | City | State | Zip | | | |
| 490 South Highland Ave | | | Pittsburgh | PA | 15206 | | | |
| 7. Mailing Address of Limited Lia | ability Company a | and Name or Title | | | | | | |
| Contact Name Janet Weight | | | Contact Title Bookkeeper | | | | | |
| Street Address P.O. Box 10234 | treet Address 2.0. Box 10234 | | | State PA | Zip 15232 | | | |
| 8. List ALL managers (names ar | ind addresses) of | the Limited Liab | City Pittsburgh | E - DO NOT LIST | MEMBERS | | | |
| ManagerName Daniel G Kamin | ger Name niel G Kamin Manager Name | | | | | | | |
| Street Address P.O. box 10234 | | | Street Address | Street Address | | | | |
| City Pittsburgh | State | Zip 15232 | City | State | Zip | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zıp | | | |
| | | | | Check the box to i | indicate an attachment | | | |
| 9. Resident Agent in Rhode Islan | nd. This information | n is currently of rec | cord with the Department of State | i. Changes require filir | ng Form 642. | | | |
| Under penalty of perjury, I dec statements, and that all staten | | | | any accompanyin | g schedules and | | | |
| Name of Authorized Person | | | | Date | | | | |
| Daniel G Kamin | | | | | 4 | | | |
| Signature of Authorized Person | | | The second second property | | • | | | |
| 016 | 1 Can | CHAN IN | DOUBLE FORE | | | | | |

MAIL TO:

Division of Business Services

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

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