→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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8	ANS TO
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					N .2>			
1. Entity ID Number 001687452			d Liability Company NGE MANAGEM	ENT LLC	20			
3 NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island						
999999	Airport lo	Alrport lounge management.						
5. State of Formation								
DE								
6 Principal Office Address			City	State	Zıp			
100 N. LaSalle Street, Suite 900			Chicago	IL	60602			
7 Mailing Address of Limite		any and Name or	Title of Contact Person					
Contact Name Bradley Comm			Contact Title Authorized	Contact Title Authorized Representative				
Street Address 100 N. LaSalle Street, Suite 900			City Chicago	State IL	^{Zip} 60602			
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name	anager Name			Manager Name				
Street Address			Street Address	Street Address				
City	State	Z _I p '	City	State	7 ip			
				Check the box to	indicate an attachment			
9. Resident Agent in Rhode	Island. This inform	mation is currently	of record with the Department of S	itate. Changes require fil	ing Form 642.			
Under penalty of perjury, statements, and that all s			examined this report, includ true and correct.	ing any accompanyi	ng schedules and			
Name of Authorized Person				Date				
Bradley Comm				06.25.2	06.25.2021			
Signature of Authorized Per	rson Day	ly Can	_					

MAIL TO:

Division of Business Services

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

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

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