RI SOS Filing Number: 202103522560 Date: 10/18/2021 4:00:00 PM



## **Department of State - Business Services Division**

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.

BY_ ILUATIO
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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1689536	MD Weaver Member LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531190	Real Estate					
5. State of Formation	]					
Rhode Island						
6. Principal Office Address			City	State	Zip	
One Turks Head Place, Suite 1200			Providence	RI	02903	
7. Mailing Address of Limited Lia		y and Name or Tit	le of Contact Person			
Contact Name Darrow Everett LLP			Contact Title			
Street Address One Turks Head Place, Suite 1200			<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL managers (names a			bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name Marshall Venture Management LLC			Manager Name			
Street Address One Turks Head Place, Suite 1200			Street Address			
City Providence	State RI	<sup>Zip</sup> 02903	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. The Resident Agent information	on currently of	record with the RI	Department of State is accu	ırate. Changes requir	e filing Form 642.	
Under penalty of perjury, I ded statements, and that all stated	lare and affir nents contain	m that I have exa ed herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Signature of Authorized Person  Lanu Marshall				10-13-2021		
Signature of Authorized Person						
Trans parchall						

MAIL TO:

**Division of Business Services** 

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

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