

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000519258	2. Exact name of the Limited Liability Company SCP 2009-C34-545 LLC				
3. NAICS Code 5. State of Formation DE	Brief description of the character of business conducted in Rhode Island Real estate acquisition				
6. Principal Office Address		City	State	Zip	
545 E JOHN CARPENTER FREEWAY Ste 1400		IRVING	TX	75062	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	•		
Contact Name PAUL R WON	tact Name PAUL R WOMBLE		Contact Title Manager		
Street Address 545 E JOHN CARPENTER FREEWA		City IRVING	State TX	^{Zip} 75062	
8. The Resident Agent information	on currently of record with the RI [Department of State is accu	rate. Changes require	filing Form 642.	
Under penalty of perjury, I dec	lare and affirm that I have exam nents contained herein are true	lned this report, includin			
Name of Authorized Person		Date			
PAUL R WOMBLE			1/23/2023		
Signature of Authorized Person	_				

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

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A.A.12:17 pm.