State of Phode Island Fee: \$50.00 Office of the Secretary of State Division Of Business Services 14% W. River Street Providence RI 02904-2615 (401) 222-3040 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R 16 L. 7-16-66(d)), subject to a penalty tee of \$25.00 ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023; 2023 1 1. ID No. 000152467 2. Exact Name of the Limited Liability Company THE G.E. FAMILY, LLC 3 3. State of Formation State: Ril State: Ril NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Drief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO HOLD REAL ESTATE 5. Principal Office Address No. and Street: 3005 WEST LOGAN BOULEVARD APT 1. APT_1 City or Tow: CHICAGO State: IL Zip: 60647 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		State of Rhode Island Fee: \$50.0
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		3005 WEST LOGAN BOULEVARD
	City or Town:	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RENEE A.R. EVANGELISTA, ESQ. DAY PITNEY LLP ONE FINANCIAL PLAZA, SUITE 2200 PROVIDENCE , RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of July, 2023 at 4:13:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID H. SKIDMORE

Signature of Authorized Person

Form No. 632 Revised 09/07

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