		Rhode Island Secretary of Sta	ate	Fee: \$50.00
		Business Services River Street		
		e RI 02904-2615		
1636				
.030	(401)) 222-3040		
Limited Liabili Annual Report Filing Period: Fe	:			
r ning r onoa. r o				
In accordance w	ith R.I.G.L. 7-16-66(d), each limite	d liability company	failing or	
	s annual report within thirty (30) da		rescribed by	
law (R.I.G.L. 7-1	6-66(b&c)) is subject to a penalty f	ee of \$25.00.		
ANNUAL REPO	RT YEAR - ENTER THE CURRENT	YEAR 2024 : <u>202</u>	<u>4</u>	
1. ID No. <u>00</u>	1686207			
2. Exact Name	of the Limited Liability Company	BDS III Mortgage	e Capital J L	<u>LC</u>
3. State of For	nation			
State: <u>DE</u>				
	NAIG			
	NAICS	S CODE		
Enter the six dig	it NAICS Code that best describes			•
Download the li	st of codes <u>here.</u> More information	on <u>NAICS</u> can be		
Download the li	st of codes <u>here.</u> More information	on <u>NAICS</u> can be		
<u>522292</u>	st of codes <u>here.</u> More information			
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522292 4. Brief Descrip Island	tion of the Character of the Busir			
522292 4. Brief Descrip Island	tion of the Character of the Busir <u>KER</u> ice Address <u>111 E. SEGO LILY DRIVE</u>			
522292 4. Brief Descrip Island LENDER/BRC 5. Principal Off	tion of the Character of the Busir <u>KER</u> ice Address	ness Which is Actu		
522292 4. Brief Descrip Island LENDER/BRC 5. Principal Off No. and Street: City or Town:	tion of the Character of the Busin <u>VKER</u> ice Address <u>111 E. SEGO LILY DRIVE</u> <u>SUITE 400</u>	ness Which is Actu State: <u>UT</u>	u ally Conduc Zip: <u>60661</u>	cted in Rhode
522292 4. Brief Descrip Island LENDER/BRC 5. Principal Off No. and Street: City or Town: 6. Mailing Addr	otion of the Character of the Busin <u>OKER</u> ice Address <u>111 E. SEGO LILY DRIVE</u> <u>SUITE 400</u> <u>SANDY</u> ess of Limited Liability Company	ness Which is Actu State: <u>UT</u>	u ally Conduc Zip: <u>60661</u>	cted in Rhode
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7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 25 Day of April, 2024 at 9:38:29 AM 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 BROOKE KERPERIEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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