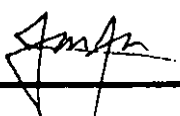


**State of Rhode Island  
Department of State - Business Services Division**Annual Report for the year: 2021**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                         |  |                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001712558</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>CS FUND I RIVERSTONE SPE OWNER LLC</b>                   |                    |
| 3. NAICS Code<br><b>531190</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investments</b> |                    |
| 5. State of Formation<br><b>Delaware</b>                                                                                                                                                                |  |                                                                                                               |                    |
| 6. Principal Office Address<br><b>31899 Del Obispo Street, Suite 150</b>                                                                                                                                |  | City<br><b>San Juan Capistrano</b>                                                                            | State<br><b>CA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>92675</b>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                               |                    |
| Contact Name<br><b>CS Fund I LLC</b>                                                                                                                                                                    |  | Contact Title<br><b>Member</b>                                                                                |                    |
| Street Address<br><b>31899 Del Obispo Street, Suite 150</b>                                                                                                                                             |  | City<br><b>San Juan Capistran</b>                                                                             | State<br><b>CA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>92675</b>                                                                                           |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                               |                    |
| 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |  |                                                                                                               |                    |
| Name of Authorized Person<br><b>Joon Lee</b>                                                                                                                                                            |  | Date<br><b>5/26/24</b>                                                                                        |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                               |                    |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED****Aug 30 2024****12:12****3Y EWAK2**  
**ADL**