State of Rhode Island Fee: \$50.00 Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 Providence RI 02904-2615 (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 (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. ID No. 001741353 2. Exact blame at the Limited Liability Company FayRoak Narfolk Bealty HoldCo LLC
148 W. River Street Providence RI 02904-2615 (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 (30) days after the time prescribed by Nuw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. ID No. 001741353
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1036 (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 (30) days after the time prescribed by Naw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 1. ID No. 001741353
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2 Event Name of the Limited Linkility Company EayDealt Norfally Dealty HaldCo LLC
2. Exact Name of the Limited Liability Company FoxRock Norfolk Realty HoldCo LLC
3. State of Formation
State: <u>DE</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>531120</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
OWNS INTEREST IN REAL ESTATE
5. Principal Office Address
No. and Street: <u>350 GRANITE STREET</u>
<u>SUITE 2205</u>
City or Town:BRAINTREEState: MAZip: 02184Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>AMY STANTON</u> Contact Title: <u>CORPORATE MANAGEMENT</u> No. and Street: <u>350 GRANITE STREET</u>
SUITE 2205 City or Town: BRAINTREE State: MA Zip: 02184 Country: USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 31 Day of March, 2025 at 3:17:32 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 JASON T WARD

Signature of Authorized Person

Form No. 632 Revised 09/07

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