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1. ID No. <u>00052</u>	'EAR: <u>2011</u>			
	9879			
2. Exact Name of t	he Limited Liability Company	Rhode Island	Waterpark Ventu	res, LLC
3. State of Formati	on			
State: <u>WI</u>				
Development and co	onstruction management servic	<u>es.</u>		
No. and Street:	631 CEDAR STREET			
	P.O. BOX 434			
City or Town:	WISCONSIN DELLS	State: <u>WI</u>	Zip: <u>53965</u>	Country: USA
3. Mailing Address	of Limited Liability Company	and Name or T	itle of Contact P	erson:
Contact Name: Cor	ntact Title:			
No. and Street:	631 CEDAR STREET			
	<u>P.O. BOX 434</u>			
City or Town:	WISCONSIN DELLS	State: <u>WI</u>	Zip: <u>53965</u>	Country: <u>USA</u>
7. Name and Addre DO NOT LIST ME	ess of Each Manager of the Li MBERS	mited Liability	Company, if App	blicable.
Title	Individual Nam			dress
MANACED	First, Middle, Last, Su		· • ·	State, Zip Code, Country
MANAGER	S. PETER HELLAND	ЛК		REET, P.O. BOX 434 LS, WI 53965 USA

NORTHWEST REGISTERED AGENT, LLC ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

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

Signed this 2 Day of September, 2011 at 1:10:17 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 <u>ERIN R. WEST</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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