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State of Rhode Island

Department of State - Business Services Division

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Annual	Report	for the	year:	20
_imited	l Liabilit	v Com	pany	

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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		ibility Company						
Standard Colony Manager LLC								
Brief description of the character of business conducted in Rhode Island								
REAL ESTATE DEVELOPMENT & INVESTMENT								
6. Principal Office Address			State	Zip				
730 11TH ST NW, SUITE 600			DC	20001				
	ind Name or Title	of Contact Person						
Contact Name JEFFREY JAEGER			Contact Title MANAGING MEMBER					
Street Address 1901 AVENUE OF THE STARS, SUITE 395			State CA	^{Zip} 90067				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name STANDARD EAST COAST LLC			Manager Name					
Street Address 730 11TH ST NW SUITE 600			Street Address					
State DC	^{Zip} 20001	City	State	Zıp				
Manager Name			Manager Name					
Street Address			Street Address					
State	Zip	City	State	Zip				
			I Check the box to in	ndicate an attachment				
n currently of red	cord with the RI D	Department of State is accurate	e. Changes require	filing Form 642.				
are and affirm tents contained	that I have exam	ined this report, including a and correct.	ny accompanying	schedules and				
Name of Authorized Person								
			_05/04/2021	05/04/2021				
		<u></u>						
	4. Brief descrip REAL ESTAT billity Company at R F THE STARS d addresses) of ST COAST LLC SUITE 600 State DC State	4. Brief description of the characteristic REAL ESTATE DEVELOPM bility Company and Name or Title R F THE STARS, SUITE 395 d addresses) of the Limited Liability COAST LLC SUITE 600 State DC Zip 20001 State Zip Currently of record with the RI Care and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic are and affirm that I have examples to the characteristic and the characteristic are and affirm that I have examples to the characteristic and the characteristic are and affirm that I have examples to the characteristic and the characteristic are and affirm that I have examples to the characteristic and the	A. Brief description of the character of business conducted in IREAL ESTATE DEVELOPMENT & INVESTMENT City WASHINGTON Dility Company and Name or Title of Contact Person Contact Title MANAGING M F THE STARS, SUITE 395 City LOS ANGELES d addresses) of the Limited Liability Company, IF APPLICABLE COAST LLC Manager Name Street Address State DC Zip 20001 City Manager Name Street Address State Zip City City City City City City City Manager Name Street Address City Cit	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT & INVESTMENT City WASHINGTON DC Doublet DC City WASHINGTON DC Contact Title MANAGING MEMBER F THE STARS, SUITE 395 City LOS ANGELES State CA d addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST Manager Name ST COAST LLC Manager Name Street Address State City State City State City State City State Check the box to in currently of record with the RI Department of State is accurate. Changes require are and affirm that I have examined this report, including any accompanying ents contained herein are true and correct. Date				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov