



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF LIMITED LIABILITY COMPANY

I, _____, Member of _____ LLC,
under oath, make affidavit and say that the following are all the members of said limited liability company:

Member _____ Address _____

Member _____ Address _____

Member _____ Address _____

State of Limited Liability Company: _____

Principal Place of Business: _____

Agent for Service _____

Property under lease to/from the State of Rhode Island covered by this Certificate:
Location: _____

State Offices Occupying Property (if any): _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said _____

_____ LLC (hereunto duly authorized) this _____ day of _____, 20_____.

_____, LLC

By: _____

Member

STATE OF RHODE ISLAND
COUNTY OF _____

In _____, on this _____ day of _____, 20_____, before me
personally appeared _____, Member of _____, LLC, to me
known and known by me to be the party executing the foregoing instrument on behalf of said limited liability
company, and he acknowledged said instrument and the execution thereof, to be his free act and deed individually
and in his said capacity, and the free act and deed of said limited liability company.

Notary Public

My Commission Expires: _____