

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003033

Entity Name: TRIVEDI-CAPACITY ASSOCIATES, LLC**Current Principal Place of Business:**1 INTERNATIONAL BLVD, STE 908
MAHWAH, NJ 07495**Current Mailing Address:**1 INTERNATIONAL BLVD, STE 908
MAHWAH, NJ 07495 US**FEI Number:** 20-8814840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title PRESIDENT, MANAGER
Name TRIVEDI, TUSHAR
Address 4010 S. OCEAN DRIVE
 UNIT 4201
City-State-Zip: HOLLYWOOD FL 33019

Title CEO, MANAGER
Name JENNINGS, JOHN
Address 1350 BROADWAY, SUITE 602
City-State-Zip: NEW YORK NY 10018

Title MANAGER, CFO
Name NIELSEN, DAVID
Address 1350 BROADWAY
 SUITE 602
City-State-Zip: NEW YORK NY 10018

Title EXECUTIVE VICE PRESIDENT
Name ROSS, LESLIE
Address 425 CALIFORNIA STREET
 SUITE 2400
City-State-Zip: SAN FRANCISCO CA 94104

Title MANAGER, SECRETARY
Name WALSH, DENISE
Address 1350 BROADWAY
 SUITE 602
City-State-Zip: NEW YORK NY 10018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID NIELSEN

CFO

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date