

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000011402

Entity Name: GREENWORKS LENDING LLC

Current Principal Place of Business:

19 OLD KING'S HIGHWAY S
STE 210
DARIEN, CT 06820

FILED
Apr 26, 2023
Secretary of State
9754166918CC

Current Mailing Address:

19 OLD KING'S HIGHWAY S
STE 210
DARIEN, CT 06820 US

FEI Number: 47-3234364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO
Name BAILEY, JESSICA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title CIO
Name COOLEY, ALEXANDRA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title AUTHORIZED SIGNER
Name BAXTER, LINDA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title COUNSEL
Name BEWKES, ROBERT D
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title VP
Name CROTTY, TARA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title AUTHORIZED SIGNER
Name LAUMONT, LAURA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title AUTHORIZED SIGNER
Name NEMIROVSKY, LEO
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Title AUTHORIZED SIGNER
Name NEMIROVSKY, REBECCA
Address 19 OLD KING'S HIGHWAY S
 STE 210
City-State-Zip: DARIEN CT 06820

Continues on page 2

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: JANET RAMOS

ASST. SECRETARY

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNER
Name SHERMAN, GENEVIEVE
Address 19 OLD KING'S HIGHWAY S
STE 210
City-State-Zip: DARIEN CT 06820

Title AUTHORIZED SIGNER
Name ZECH, ANDREW
Address 19 OLD KING'S HIGHWAY S
STE 210
City-State-Zip: DARIEN CT 06820

Title ASST. SECRETARY
Name RAMOS, JANET
Address 730 THIRD AVE
MS 730/12/02 BUILDING 12TH FL
City-State-Zip: NYC NY 10017