☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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☐ Check this box to indicate
that a transaction was made
pursuant to a contract,
instruction or written plan that is
intended to satisfy the
affirmative defense conditions
of Rule 10b5-1(c). See
Instruction 10.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
OF SECURITIES

☐ Form 3 Holdings Reported ☐ Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person *-				۷.	2. Issuer Name and Ticker or Trading Symbol								1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Rosenthal Be	ennett				\mathbf{A}	RES	CAP	ITAL CO	OR	RP [AR	CC]			Check an appr	euore)				
(Last) (First) (Middle)				1	3. Statement for Issuer's Fiscal Year Ended								X_ Director 10% Owner Officer (give title below) Other (specify below)						
					`	M/DD/Y	YYYY)	12/31	1/2	022				Officer (give	title below)	Oth	ier (specify t	pelow)	
C/O ARES C					,			12/31	1/2	UZZ									
245 PARK A			LOC	<u> </u>															
	(Street	t)			4.	If Am	endmei	nt, Date Or	igin	nal Filed	(MM/DD	/YYY	Y)	6. Individual or	Joint/Gro	oup Filing(Check Appli	cable Line)	
NEW YORK	, NY 1016	67												X Form Filed by	One Reporti	ng Person			
(C	ity) (State	e) (Zip))											Form Filed by N	More than Or	ne Reporting l	Person		
					•														
		,	Table	I - No	ı-Dei	rivativ	ve Secu	rities Acq	uire	ed, Disp	osed of	f, or l	Be	neficially Owned					
1.Title of Security (Instr. 3)				_	5. Amount of Securitie Following Reported Tr (Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership of Indirections Form: Beneficia	Beneficial										
												-					Direct (D) or Indirect	Ownership (Instr. 4)	
										Amoun	t (A) c (D)		ice				(I) (Instr. 4)		
Common Stock				12/23/	2022			G5		125,000	(<u>1)</u> D	S	SO			130,138	I	By BAR Holdings, LLC (2)	
Tabla	II Dominati	ivo Coouri	itios A	aguina	a D:	ispasa	defe	. Donoficio	llv.	Owned	(a.g. n	nte d	aal	lls, warrants, opti	ions conv	zo utibl o so	aunities)		
				-			5. Numb		<u> </u>		(0 / 1	<u> </u>			·	9. Number	10.	11 N.	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on 3. Trans. Date	Execu Date,	tion	l. Tran Code Instr. 8		Derivati Acquire Dispose	ve Securities d (A) or	and	6. Date Exercisable and Expiration Date (MM/DD/YYYY)			ıriti vat	and Amount of ies Underlying ive Security and 4)	8. Price of Derivative Security (Instr. 5)	of Derivative Securities Beneficially	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(A)	(D)	Da Ex	ate tercisable	Expiration Date	n Title		Amount or Number of Shares		Issuer's Fiscal Year (Instr. 4)	(I) (Instr. 4)		

Explanation of Responses:

- (1) The reporting person transferred 125,000 shares to the Allison & Bennett Rosenthal Charitable Foundation (the "Foundation"), a charitable foundation of which the reporting person is a director. The reporting person has voting and investment power over all securities owned by the Foundation.
- (2) These shares are held by BAR Holdings, LLC, a Delaware limited liability company, of which the reporting person is the manager.

Reporting Owners

	Relationships									
Reporting Owner Name / Address	Relationships									
reporting 6 wher reame / readess	Director	10% Owner	Officer	Other						
Rosenthal Bennett										
C/O ARES CAPITAL CORPORATION	X									
245 PARK AVENUE, 44TH FLOOR	A									
NEW YORK, NY 10167										

Signatures

**Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.