	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Co Annual Report Filing Period: September			
o file its annual report w	.L. 7-16-66(d), each limited liability comp ithin thirty (30) days after the time presc. a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2020</u>		
1. ID No. <u>0016954</u>	173		
2. Exact Name of the	Limited Liability Company HIT Port	folio I Owner, LLC	
3. State of Formation			
State: DE			
Enter the six digit NAIC	ARTICLE III S Code that best describes the primary		y the entity. Download
Enter the six digit NAIC			y the entity. Download
Enter the six digit NAIC the list of codes <u>here.</u> M <u>531390</u>	S Code that best describes the primary	online.	
Enter the six digit NAIC the list of codes <u>here.</u> M <u>531390</u> 4. Brief Description of	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which	online.	
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Enter the six digit NAIC3 the list of codes <u>here.</u> M <u>531390</u> 4. Brief Description of <u>REAL ESTATE INVE</u> 5. Principal Office Add No. and Street: <u>3950</u> City or Town: <u>FAIR</u> 6. Mailing Address of Contact Name: Conta No. and Street: <u>3950 N</u> City or Town: <u>FAIR</u>	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which <u>ESTMENTS</u> Iress UNIVERSITY DRIVE, SUITE 301 <u>FAX</u> Limited Liability Company and Name ct Title: <u>JNIVERSITY DRIVE, SUITE 301</u> <u>FAX</u> of Each Manager of the Limited Liab	online. is Actually Conduct State: <u>VA</u> Zip: <u>2</u> or Title of Contact F State: <u>VA</u> Zip: <u>2</u>	ed in Rhode Island 22030 Country: <u>USA</u> Person: 2030 Country: <u>USA</u>
Enter the six digit NAICS the list of codes <u>here.</u> M <u>531390</u> 4. Brief Description of <u>REAL ESTATE INVE</u> 5. Principal Office Add No. and Street: <u>3950</u> City or Town: <u>FAIR</u> 6. Mailing Address of Contact Name: Conta No. and Street: <u>3950 I</u> City or Town: <u>FAIR</u> 7. Name and Address	S Code that best describes the primary lore information on <u>NAICS</u> can be found the Character of the Business Which <u>ESTMENTS</u> Iress UNIVERSITY DRIVE, SUITE 301 <u>FAX</u> Limited Liability Company and Name ct Title: <u>JNIVERSITY DRIVE, SUITE 301</u> <u>FAX</u> of Each Manager of the Limited Liab	online. is Actually Conduct State: <u>VA</u> Zip: <u>2</u> or Title of Contact F State: <u>VA</u> Zip: <u>2</u> ility Company, if Ap	ed in Rhode Island 22030 Country: <u>USA</u> Person: 2030 Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of October, 2020 at 3:01:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAUL C. HUGHES

Signature of Authorized Person

Form No. 632 Revised 09/07

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