RI SOS Filing Number: 200702902660 Date: 10/24/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
159179	HOPKINS REALESTATE INVESTMENT GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Investment and renovation of real estate.

5. Principal office address	City	State	Zip
10 Saybrook Avenue	Narragansett	RI	02882

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Ania Hopkins	Manager

Street Address	City	State	Zip
10 Saybrook Ave.	Narragansett	RI	02882

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Ania Hopkins	10 Saybrook Ave.	Narragansett	RI	02882
Manager Name	Street Address	City	State	Zip
Richard K. Hopkins	same as above			
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
RICHARD K. HOPKINS	10 SAYBROOK AVENUE	NARRAGANSETT	02882-

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

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Ania Hopkins 10/22/07
Signature of Authorized Person *Date*

Ania Hopkins
Print or Type Name of Authorized Person

FILED
File Date OCT 24 2007
Check No.
By: By 1007

16163-149-196493
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 07/07