



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 150649		2. Exact name of the limited liability company HOPE AIR, LLC.			
3. State of Formation MA		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPRESSED AIR DISTRIBUTOR			
5. Principal office address 70 BEARFOOT ROAD		City NORTHBORO	State MA	Zip 01532	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAY HANNON			Contact Title CFO		
Street Address 70 BEARFOOT ROAD		City NORTHBORO	State MA	Zip 01532	
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 CAREY D. RHOTEN			Manager Name JAY HANNON		
Street Address 70 BEARFOOT ROAD			Street Address 70 BEARFOOT ROAD		
City NORTHBORO	State MA	Zip 01532	City NORTHBORO	State MA	Zip 01532
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

150649

FILED

File Date	NOV 01 2011
Check No.	By <u>MMC</u>
By:	<u>265151</u>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] CFO 10/14/11
Signature of Authorized Person Date

Print or Type Name of Authorized Person