



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 2010**

**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)(7c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>158291</b>		2. Exact name of the limited liability company <b>Hope Artiste Village State Investor, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real Estate</b>	
5. Principal office address <b>1005 Main Street, Suite 1201</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Cyndi Payne</b>		Contact Title <b>Controller</b>	
Street Address <b>1005 Main Street, Suite 1201</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Lance J. Robbins</b>		Manager Name	
Street Address <b>1005 Main Street, Suite 1201</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City
			State
			Zip
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			

**FILED**

**JUN 13 2012**

BY 29-172556

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

2012 JUN 13 PM 12:14Z  
SECRETARY OF STATE  
CORPORATIONS DIV

**158291**

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.

6/13/2012  
Signature of Authorized Person Date

**Michael Gazdacko, Agent**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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