

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $^{-2012}$

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. | 2. Exact nan | 2. Exact name of the limited liability company | | | | | | | | | |
|--|----------------------------|--|--|-----------------------------|---------------------------|--|--|--|--|--|--|
| 740924 | 255 HO | 255 HOPE FURNACE LLC | | | | | | | | | |
| 3. State of Formation Rhode Island | 4. Brief desc to own, c | 4. Brief description of the character of business conducted in Rhode Island to own, develop, invest in and manage real and personal property | | | | | | | | | |
| 5. Principal office address 22 Plainfield Pike | | | City North Scituate | State RI | Zip 02857-0000 | | | | | | |
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| Contact Name Harry J. Hall, III Revocable Trust Agreement | | | Contact Title Member | | | | | | | | |
| Street Address 22 Plainfield Pike | | | City North Scituate | State RI | ^{Zip} 02857-0000 | | | | | | |
| * BOT ALS MANAGES S *** BOX FOR STIRCE | (ALMES AND ADD NEW) | Meases) of the Li | MITED LIABILITY COMPANY, IF A | PPLCABLE - <u>EO</u> | | | | | | | |
| Manager Name Harry J. Hall, III | | | Manager Name Christine E. Hall | | | | | | | | |
| Street Address 22 Plainfield Pike | | | Street Address 22 Plainfield Pike | | | | | | | | |
| City North Scituate | State RI | Zip 02857 | City North Scituate | State RI | Zip 02857 | | | | | | |
| Manager Name | | ···· | Manager Name | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | |
| R. RESIDENT AGENT N.S | BODE BLAND | A Control of the Control | , and the second | | | | | | | | |
| This information is curre | ntly of record in the | e Office of the Secre | tary of State. Changes require filir | ng Form 642. | | | | | | | |

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By MMC Ch # 141

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Form No. 632 Revised: 01/2012 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.

09/04/2012

Signature of Aprhorized Person Harry J. Hall, III Revocable Trust Agreement

By: Harry J. Hall, III, Co-Trustee
Print or Type Name of Authorized Person

Member