



**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  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**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. 736030		2. Exact name of the limited liability company HSD ASSOCIATES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 1 Richmond Square Ste 185D		City Providence	State RI	Zip 02906	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name H. Jeffrey Baker		Contact Title Member			
Street Address 1 Richmond Square STE 185D		City Providence	State RI	Zip 02906	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name H. Jeffrey Baker		Manager Name			
Street Address 1 Richmond Square Suite 185D		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

NOV 20 2012

By *MNC*

CA # 2238

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**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]* 11/8/12  
 Signature of Authorized Person Date

H. Jeffrey Baker  
 Print or Type Name of Authorized Person