



**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 **2013**

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.<br><b>794655</b>   |                    | 2. Exact name of the limited liability company<br><b>Hopeton, LLC</b>                             |                          |                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate</b> |                          |                     |                     |
| 5. Principal office address<br><b>294 Bellman Avenue</b>  |                    | City<br><b>Warwick</b>  | State<br><b>RI</b>       | Zip<br><b>02889</b> |                     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |                    |   |                          |                     |                     |
| Contact Name<br><b>John I. Howell, Jr.</b>  |                    | Contact Title<br><b>Manager</b>   |                          |                     |                     |
| Street Address<br><b>294 Bellman Avenue</b>   |                    | City<br><b>Warwick</b>  | State<br><b>RI</b>       | Zip<br><b>02889</b> |                     |
| <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<br><b>John I. Howell, Jr.</b>  |                    | Manager Name<br><b>Claire H. Blatchford</b>   |                          |                     |                     |
| Street Address<br><b>294 Bellman Avenue</b>   |                    | Street Address<br><b>286 Patten Road</b>  |                          |                     |                     |
| City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02889</b>   | City<br><b>Shelburne</b> | State<br><b>MA</b>  | Zip<br><b>01370</b> |
| 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** *CH*

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BY CH 205416

2013 SEP 10 AM 9:15  
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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.

*John I. Howell, Jr.* 8/27/13  
 Signature of Authorized Person Date  
**John I. Howell, Jr.**

Print or Type Name of Authorized Person