

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

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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.

2. Exact na	ame of the limited lia	bility company			
HIP Cor	struction, LLC				
4. Brief des	Brief description of the character of business conducted in Rhode Island				
General	Contractors, C	onstruction	300 (31 0) N		
. Principal office address 15 Dayton Avenue		City Johnston	State Rhode Island	Zip 02919	
LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
0		Contact Title			
Street Address P.O. Box 19495		City Johnston	State Rhode Island	Zip 02919	
HAMES AND ADI MENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPPLICABLE DO NOT	LST MEGRERS	
		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Zip	
		Manager Name		,	
Street Address		Street Address			
State	Zip	City	State		
			State	Zip	
ODE ISLAND					
y of record in the	Office of the Secre	etary of State. Changes require	filing Form 642.		
	HIP Cor 4. Brief des General Liabitted Liabita BANES AND AD State State ODE ISLAND	HIP Construction, LLC 4. Brief description of the chara General Contractors, C LIMITED LIABILITY COMPANY AND BAMES AND ADDRESSES) OF THE MENT) State Zip ODE ISLAND	General Contractors, Construction City Johnston LIMITED LIABILITY COMPANY AND NAME OR TIPLE OF CONTACT Contact Title City Johnston MANAGES AND ADDRESSES, OF THE LIMITED LIABILITY COMPANY, WENT) Manager Name Street Address State Zip City Manager Name Street Address Street Address City C	HIP Construction, LLC 4. Brief description of the character of business conducted in Rhode Island General Contractors, Construction City	

FILED

MAR 04 2014

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 statement and that all statements contained herein are true and correct. Signature of Authorized Person Date Sear Senno	ts
	Print or Type Name of Authorized Person	
	Time of Type Name of Authorized Person	

Form No. 632 Revised: 01/2012