

## 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.		e of the limited liabilit	ly company		· · · · · · · · · · · · · · · · · · ·	
138936	Hope Wid	Hope Wickenden, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Acquiring	j, developing, o\	wning, leasing, mortgagi	ng real property		
5. Principal office address 388 Wickenden Street			City Providence	State RI	Zīp 02903	
		Y COMPANY AND N	AME OR TITLE OF CONTACT P	[		
Contact Name			Contact Title			
Liya Lao Street Address			Manager	10		
388 Wickenden Street			City Providence	State RI	02903 _	
LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADDI MENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF		NOT LIST MEMBERS	
Manager Name Liya Lao			Manager Name က			
Street Address 388 Wickenden Street			Street Address 2			
<sup>City</sup> <b>Providence</b>	State RI	Zip 02903	City	State	Zip	
fanager Name			Manager Name			
treet Address			Street Address			
Xity	State	Zip	City	State	Zip	
RESIDENT AGENT IN R						
his information is current	tly of record in the	Office of the Secreta	ery of State, Changes require f	lling Form 642.		
FILE MAR 04: By 21902	D 3.23 2014 33 VM	γ <b>\</b>				
File Date Check No			Under penalty of perjuthls report, including and that all statements. Signature of Authorized	any accompanying a scontained herein a	rm that I have examined schedules and statements, re true and correct.	
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of A	uthorized Person		

Form No. 632 Revised: 01/2012