



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 **2014**

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. 128875		2. Exact name of the limited liability company THE HOPELANDS FUND, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island OWNING AND MANAGING REAL ESTATE FOR FAMILY INTERESTS			
5. Principal office address 50 S MAIN STREET, SUITE 201		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF STATE OF COMPANY PERSON					
Contact Name LORRAINE M TEMPLE		Contact Title FINANCE MANAGER			
Street Address 50 S MAIN STREET, SUITE 201		City PROVIDENCE	State RI	Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ELIZABETH ALEXANDER GODDARD		Manager Name KATHERINE ALEXANDER FIELD			
Street Address 12 LEROY AVENUE		Street Address 144 WAPPING ROAD			
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
Manager Name TOWNSEND GRIFFISS ALEXANDER		Manager Name HOPE ALEXANDER GRISCOM			
Street Address 11557 CLARA BARTON DRIVE		Street Address 1232 REEDS HILL ROAD			
City FAIRFAX STATION	State VA	Zip 22039	City PHILLIPS	State ME	Zip 04966
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 8 2014

BY 585

File Date _____
Office _____
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.

Elizabeth A. Goddard 08/27/2014
Signature of Authorized Person Date

ELIZABETH A. GODDARD

Print or Type Name of Authorized Person