

## 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 $\frac{2014}{}$

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.  | 2. Exact name of the limited flability company                              |     |                     |          |           |
|---|---|-----|---------------------|----------|-----------|
| 486884  | Hometown Rentals LLC  |     |                     |          |           |
| 3. State of Formation   | 4. Brief description of the character of business conducted in Rhode Island |     |                     |          |           |
| Rhode Island  | Residential Rental Property   |     |                     |          |           |
| 5. Principal office address  83 James   | . Trail   |     | west Kingston       | state RI | Zip 02892 |
|   |   |     |                     |          |           |
| Contact Name Addms  |   |     | Contact Title Agent |          |           |
| Street Address James  | Trail   |     | CHY West Kingsto    | State RI | Zip 02892 |
|   |   |     |                     |          |           |
| Manager Name  |   |     | Manager Name        |          |           |
| Street Address  |   |     | Street Address      |          |           |
| City  | State   | Zip | City                | State    | Zip       |
| Manager Name  |   |     | Manager Name        |          |           |
| Street Address  |   |     | Street Address      |          |           |
| City  | State   | Zip | City                | State    | Zip       |
|   | \$0000  |     |                     |          |           |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |   |     |                     |          |           |

FILED

OCT 2 4 2014



Form No. 632 Revised: 01/2012 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 of Authorized Person

Date

illiam Print or Type Name of Authorized Person