RI SOS Filing Number: 201552966350 Date: 01/08/2015 4:00 PM

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.	2. Exact name of the limited liability company		
143480	**Hope Farms, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**Real Estate.**		
5. Principal office address	City	State	Zip
10B Appian Way	**Smithfield**	**RI**	**02917**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Frank Simonelli	**Manager**		
Street Address	City	State	Zip
10B Appian Way	**Smithfield**	**RI**	**02917**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Frank Simonelli					
Street Address			Street Address		
10B Appian Way					
City	State	Zip	City	State	Zip
Smithfield	**RI**	**02917**			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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.

SECRETARY OF STATE
CORPORATIONS DIV
2014 DEC -2 AM 9:42

FILED

JAN 08 2015

BY 2834 2877

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.

Frank Simonelli 11-26-14

Signature of Authorized Person Date

Frank Simonelli

Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
115483-7-1006583