

1. Entity ID No.

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 20.5

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 662555 | HAR K | INS STE | FFORD PON | o LCC | _ |
|---|----------|---------|-----------------------------------|-------------|---------------|
| 3. State of Formation | | | usiness conducted in Rhode Island | | |
| Robertshill Home Bullding | | | | | |
| 5. Principal office address | T MAS | N ROND | City PORTS MOTH | State | Zip 0 7 8 7 1 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Chris HARKINS | | | Contact Title | | |
| Street Address 1907 EAST MAN ROAD | | | PORTSMONE | State 2 | 028 71 |
| 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) | | | | | |
| Manager Name NoNE | | | Manager Name No ∼ ← | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name None | | | Manager Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHOD | E ISLAND | | . I | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |
| FILED OCT 1 9 2015 BY 3052 | | | | | |
| File Date | | | | | |

Form No. 632 Revised: 01/2012