

## 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 2015

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

Filling Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25,00 PENALTY FEE.

1. Entity ID No.	O Event name of the limited lightity governory					
·	2. Exact name of the limited liability company					
157562	Hope Artiste Village Proprietor, 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 1005 Main Street, Suite 1201			City Pawtucket	State RI	Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMIT	ED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT F	PERSON:		
Contact Name Kris Masoian			Contact Title Controller			
Street Address 1005 Main Street, Suite 1201			City Pawtucket	State <b>RI</b>	<sup>Zip</sup> <b>02860</b>	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT	ES AND ADD	RESSES) OF THE LII	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Lance J. Robbins			Manager Name	Manager Name		
Street Address 1005 Main Street, Suite 1	201		Street Address	Street Address		
City Pawtucket	State RI	Zip <b>02860</b>	City	State	Zip	
Manager Name	•	-	Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE						
This information is currently of	record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

## FILED

Form No. 632 Revised: 01/2012