



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.

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

1. Entity ID No. 106806		2. Exact name of the limited liability company Hope Enterprises, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 62 Warner Street		City Newport		State RI	Zip 02840
6. FILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name John D. Damon		Contact Title Manager			
Street Address 95 Taylor Road		City Portsmouth		State RI	Zip 02871
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Manager Name John D. Damon		Manager Name			
Street Address 95 Taylor Road		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	Zip
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.					

FILED

OCT 26 2015

BY CU 259578

2015 OCT 26 PM 12:15

STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES

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.

John D. Damon
Signature of Authorized Person

10/19/15
Date

JOHN D DAMON
Print or Type Name of Authorized Person