

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.		e of the limited liabi	lity company												
143390	Hartford	Rock, LLC													
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rho	de Island											
Rhode Island	Land Dev	relopment and	uilding Company												
5. Principal office address 1150 Oaklawn Avenu	e		City Cranston	State RI	^{Zip} 02920										
8. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:											
Contact Name Gashy Dowlatshahi			Contact Title Member												
Street Address 1150 Oaklawn Avenu	e		City Cranston	State RI	Zip 02920										
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS										
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										
8. RESIDENT AGENT IN RH	ODE ISLAND														
This information is current	ly of record in the	Office of the Sec	retary of State. Changes require	e filing Form 642.											

FILED

BY 1265

						D																										
ŧ.		25	1	1	v		20	*		w			360						1111	\$344		::::		:::		1000	: "	100		22.00	***	200
Ė		3	1	3	¥.		30	17	ć.		90				ě			4		134		3		1		100	13	1	α.		33	66
н	ı.	3	3	3	š		36		ά,	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		ά,	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		ά,	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		ά,	**		0		ä	19	32	8	13	40	****)()((0)	00	111	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	111	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н	ı.	3	3	3	š		36		٤.	**		0		ä	19	32	8	13	40	****)()((0)	00	33.	***		: ; ;	1	Η.		30	
н		8	1		************										***																	
н		8	1	ľ	************																											
н		8	1	ľ	************										***																	
н		8	1	ľ	************																											
н		8	1	ľ	************																											
н		8	1	ľ	************										***																	
н		8	1	ľ	************										***																	
н		8	1	ľ	************																											
н		8	1	ľ	************															****												
н		8	1	ľ	************										***																	
н		8	1	ľ	************										***																	
н		8	1	ľ	************										***																	

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 berein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person