State of Rhode Island and Providence Plantations Department of State - Business Services Division					
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - November		nber 1.	_	~ ~ ~ · · · · · · · · · · · · · · · · ·
		·			
1. Entity ID Number 506544	2. Exact name of the Limited Liability Company HOLDING 805 HOPE STREET LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE - RENTAL PROPERTY				
5. Principal Office Address 805 HOPE STREET			City BRISTOL	State RI	Zip 02809
6. Mailing Address of Limited Lia	bility Company	and Name or Title			
Contact Name MARIA IVANIS			Contact Title ACCOUNTANT		
Street Address 535 FIFTH AVE FL 30			City NEW YORK	State NY	^{Zip} 10017
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address -			Street Address		
City	State	Zin	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	1.7//

FILED

MAIL TO:

Division of Business Services

GERRY LIBERATOS

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 0 9 2016 1.39

By 1 280880