



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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Annual Report for the year: 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>157578</b>		2. Exact name of the Limited Liability Company <b>HIVE BUILDING LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION / REMODELING</b>			
5. Principal Office Address <b>115 MASSASOIT AVE</b>		City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02905</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>CHRISTOPHER D. MOORE</b>			Contact Title <b>PRESIDENT / MANAGER</b>		
Street Address <b>115 MASSASOIT AVE</b>		City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02905</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>CHRISTOPHER MOORE</b>		Manager Name			
Street Address <b>115 MASSASOIT AVE</b>		Street Address			
City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>CHRISTOPHER D. MOORE</b>				Date <b>8/12/2016</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

**FILED**

AUG 12 2016

By 281234  
 A.A. 12:06 PM

**MAIL TO:**  
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