	State of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.0
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
Limited Liability Con	npany		
Annual Report			
Filing Period: September :	1 - November 1		
	7-16-66(d), each limited liability com hin thirty (30) days after the time preso h penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2016</u>		
<b>1. ID No.</b> <u>00015518</u>	30		
2. Exact Name of the L	imited Liability Company Develop	pe, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	S codes, please select the code that I	est describes your bus	siness.
		5	
			Ĩ
NAICS Code		6	<u>54</u>
	he Character of the Business Whic	6	<u>54</u>
		6	<u>54</u>
4. Brief Description of t	<u>IENT</u>	6	<u>54</u>
4. Brief Description of the CAREER DEVELOPM 5. Principal Office Address	I <u>ENT</u> ess	6	<u>54</u>
4. Brief Description of the second	<u>IENT</u>	6 n is Actually Conduct	<u>54</u>
4. Brief Description of the second	IENT   ess   7 JULIEN STREET   MITHFIELD   State: ]   imited Liability Company and Nam	n <b>is Actually Conduct</b> <u>RI</u> Zip: <u>02917</u>	<u>54</u> red in Rhode Island Country: <u>USA</u>
4. Brief Description of the contract Name:   CAREER DEVELOPM   5. Principal Office Address   No. and Street: 27   City or Town: SN   6. Mailing Address of L   Contact Name: Contact	IENT ess 7 JULIEN STREET MITHFIELD State: 1 imited Liability Company and Nam t Title:	n <b>is Actually Conduct</b> <u>RI</u> Zip: <u>02917</u>	<u>54</u> red in Rhode Island Country: <u>USA</u>
4. Brief Description of the contract Name:   CAREER DEVELOPM   5. Principal Office Address   No. and Street: 27   City or Town: SM   6. Mailing Address of L   Contact Name: Contact   No. and Street: 27	IENT   ess   7 JULIEN STREET   MITHFIELD   State: ]   imited Liability Company and Nam	A is Actually Conduct   XI Zip: 02917   a or Title of Contact I	<u>54</u> red in Rhode Island Country: <u>USA</u>
4. Brief Description of the construction of the constru	IENT   ess   ' JULIEN STREET   MITHFIELD   State: I   imited Liability Company and Nam   t Title:   JULIEN STREET   IJULIEN STREET   IITHFIELD   State: I   of Each Manager of the Limited Liability	A is Actually Conduct   A is Actualy Conduct	54   red in Rhode Island   Country: USA   Person:   Country: USA
4. Brief Description of the construction of the constru	IENT   ess   ' JULIEN STREET   MITHFIELD   State: I   imited Liability Company and Nam   t Title:   JULIEN STREET   IJULIEN STREET   IITHFIELD   State: I   of Each Manager of the Limited Liability	A is Actually Conduct   A is Actually Conduct   A Zip: 02917   a or Title of Contact I   A Zip: 02917   bility Company, if Ap	54   red in Rhode Island   Country: USA   Person:   Country: USA
4. Brief Description of the construction of the constru	IENT   ess   ' JULIEN STREET   MITHFIELD   State: I   imited Liability Company and Nam   t Title:   JULIEN STREET   IITHFIELD   State: I   of Each Manager of the Limited Liability	A Zip: 02917   Contact I Contact I   Cl Zip: 02917	54   red in Rhode Island   Country: USA   Person:   Country: USA   plicable.
4. Brief Description of the construction of the constru	IENT   ess   JULIEN STREET   MITHFIELD   State:   imited Liability Company and Nam   t Title:   JULIEN STREET   IJULIEN STREET   IITHFIELD   State:   of Each Manager of the Limited Lial   ERS   Individual Name	A Zip: 02917   Constraints Zip: 02917   Constrait	54   red in Rhode Island   Country: USA   Person:   Country: USA   plicable.   dress

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ELLEN WEAVER PAQUETTE 27 JULIEN STREET SMITHFIELD, RI 02917

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of September, 2016 at 7:17:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ELLEN WEAVER PAQUETTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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