

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services
148 W. River Street

Fee: \$50.00

Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

| ANNUAL | REPORT | YEAR: | 2016 |
|---------------|--------|-------|------|
| | | | |

- 1. **ID No.** 001657553
- 2. Exact Name of the Limited Liability Company H & S Holdings, LLC
- 3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 53

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

H & S HOLDINGS, LLC OWNS ONE OFFICE CONDO FOR LEASE WITHIN A MEDICAL OFFICE PARK IN EAST PROVIDENCE (METACOMET OFFICE PARK).

5. Principal Office Address

No. and Street: <u>34 PAINE RD.</u>

City or Town: $\underline{CUMBERLAND}$ State: \underline{RI} Zip: $\underline{02864}$ Country: \underline{US}

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MARGARET A. DICARLO HOLOUBEK Contact Title: OWNER

No. and Street: 34 PAINE RD.

City or Town: CUMBERLAND State: RI Zip: 02864 Country: US

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address | |
|-------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |

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

MARGARET DICARLO HOLOUBEK 34 PAINE ROAD CUMBERLAND, RI 02864

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

Signed this 14 Day of September, 2016 at 12:40:40 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 MARGARET A. DICARLO HOLOUBEK Signature of Authorized Person

Form No. 632 Revised 09/07

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