



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

**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>128875</b>		2. Exact name of the Limited Liability Company <b>The Hopelands Fund, LLC</b>			
3. NAICS Code 53 - Real Estate and Rental a <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island <b>Owning and Managing Real Estate for Family Interests</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>50 S Main Street, Suite 201</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Lorraine M Temple</b>			Contact Title <b>Finance Manager</b>		
Street Address <b>50 S Main St., Suite 201</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Elizabeth Alexander Goddard</b>		Manager Name <b>Katherine Alexander Field</b>			
Street Address <b>12 Leroy Avenue</b>		Street Address <b>144 Wapping Road</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Manager Name <b>Townsend Griffiss Alexander</b>		Manager Name <b>Hope Alexander Griscom</b>			
Street Address <b>11557 Clara Barton Drive</b>		Street Address <b>1232 Reeds Hill Road</b>			
City <b>Fairfax Station</b>	State <b>VA</b>	Zip <b>22039</b>	City <b>Phillips</b>	State <b>ME</b>	Zip <b>04966</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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>Elizabeth A. Goddard</b>				Date <b>09/08/2016</b>	
Signature of Authorized Person <i>Elizabeth A. Goddard</i> SIGN DOCUMENT HERE					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 SEP 21 2016  
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