HOPS

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	l	50 1: 1/ 151	1.10	· · · · · · · · · · · · · · · · · · ·		
l	2. Exact name of the Limited Liability Company					
000799063	Forty Seven LLc					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (exc ▼	LLc					
5. State of Formation	LLC					
Rhode Island						
6. Principal Office Address			City	State	Zip	
Brenda Chartoff 1 Charles St So #304			Boston	MA	02116	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Brenda Chartoff			Contact Title Predident/ Owner			
Street Address 1 Charles St So #304			City Boston	State MA	^{Zip} 02116	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Nama Brench Chartoff			Manager Name			
Street Address 1 Charles St. So. 304			Street Address			
City Boston	State	Zip 02116	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with 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						
Bredna Chartoff 10/10/16						
Signature of Authorized Person Sunda Charles Sunda Charle						

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 D

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