



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

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2016 OCT 19 AM 9:29

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<br><b>509491</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>MHWS Group LLC</b>                                             |                |                           |                     |
| 3. NAICS Code<br><b>53</b>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO Buy and Rent Real Property</b> |                |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                     |                |                           |                     |
| 6. Principal Office Address<br><b>479 Main Street</b>                                                                                                                                                       |       | City<br><b>Acushnet</b>                                                                                             |                | State<br><b>MA</b>        | Zip<br><b>02743</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                     |                |                           |                     |
| Contact Name<br><b>Nikki Patricia</b>                                                                                                                                                                       |       | Contact Title<br><b>member</b>                                                                                      |                |                           |                     |
| Street Address<br><b>18 Long Lane Apt 4</b>                                                                                                                                                                 |       | City<br><b>Warren</b>                                                                                               |                | State<br><b>RI</b>        | Zip<br><b>02885</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                     |                |                           |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                     | Manager Name   |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                     | Street Address |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                 | 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"/>                                                                                                                                            |       |                                                                                                                     |                |                           |                     |
| 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<br><b>Russell Goyette</b>                                                                                                                                                         |       |                                                                                                                     |                | Date<br><b>10/19/2016</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                     |                |                           |                     |

MAIL TO:  
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FILED

OCT 19 2016  
By 286323  
A.A.