| 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 137130 | Exact name of the Limited Liability Company H & C Morris, LLC | | | | | |
|--|--|-------------------------|--------------------------------|--------------------------|-----------------------|--|
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 53 - Real Estate and Rental ar | Real Estate Rental | | | | | |
| 5. State of Formation | 1 | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | _l | | City | State | 7 | |
| 15 Lofty Heights | | | Westerly | RI | Zip 02891 | |
| 7. Mailing Address of Limited Lia | bility Compa | ny and Name or T | itle of Contact Person | | | |
| Contact Name Joyce M. Dionne | | | Contact Title Member | | | |
| Street Address 15 Lofty Heights | | | City Westerly | State RI | Zip 02891 | |
| 8. List ALL managers (names ar | nd addresses |) of the Limited Lia | ability Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | |
| Manager Name Nancy M. Schilke | | Manager Name | | | | |
| Street Address 27 Fern Drive | | Street Address | | | | |
| City Westerly | State RI | Zip 02891 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Stroot Add | | · | - Hame | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to i | ndicate an attachment | |
| Resident Agent in Rhode Island | . This informa | tion is currently of re | cord with the Department of St | ate Changes socials file | - Farm 040 | |
| Inder penalty of perjury, I decla tatements, and that all stateme | are and attiri | m that I have eve | minad this report in dust. | ng any accompanyin | g schedules and | |
| ame of Authorized Person | | | | Date | | |
| ancy M. Schilke | | | | | - 01/ 1/ | |
| ignature of Authorized Person | | | | | 24-16 | |
| X naucusm | 1. 8 | SIGN DO | CUMENT 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

OCT 25 2015 3020