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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ______ **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.

4 Entire ID Number	lo Eventer		- h. Hita O			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
ouggle 16/499	H&C Real Estate, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	Real estate for Chiropractic office.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
132 Old River Road Suite #105			Lincoln	RI	02865	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Title				
Contact Name Herbert Curtis Jr			Contact Title Owner			
Street Address 132 Old River Road Suite # 105			City Lincoln	State RI	^{Zip} 02865	
8. List ALL managers (names ar	d addresses)	of the Limited Liab	ility Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS	
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						
9. Resident Agent in Rhode Islan	d. This informat	ion is currently of rec	ord with the Department of S	State. Changes require filing	Form 642.	
Under penaity of perjury, I deci statements, and that all statem	are and affirm ents containe	n that I have exan ed herein are true	nined this report, includ and correct.	ing any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Herbert Curtis Jr				10/26/16	10/26/16	
Signature of Authorized Person						

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**

OCT 2.7 2016

FORM 632 - Revised: 08/2016