RI SOS Filing Number: 201628324080 Date: 11/30/2016 4:00 PM

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

STAMP

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	2. Exact name of the Limited Liability Company		
157562	**HOPE ARTISTE VILLAGE PROPRIETOR, LLC**		
3. NAICS Code **53 - Real Estate and Rental ar**	4. Brief description of the character of business conducted in Rhode Island **REAL ESTATE**		
5. State of Formation **RHODE ISLAND**			
6. Principal Office Address **1005 MAIN STREET, SUITE 1220**	City **PAWTUCKET**	State **RI**	Zip **02860**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
MICHAEL GAZDACKO	**VP DEVELOPMENT AND OPERATIONS**		
Street Address **1005 MAIN STREET, SUITE 1220**	City **PAWTUCKET**	State **RI**	Zip **02860**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **LANCE JAY ROBBINS**			Manager Name		
Street Address **PO BOX 2109**			Street Address		
City **HOLLYWOOD**	State **CA**	Zip **90078**	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
MICHAEL GAZDACKO	**11/29/16**

Signature of Authorized Person SIGN DOCUMENT HERE

FILED
NOV 30 2016
By 3251

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

145643-9-1172098

FORM 632 - Revised: 08/2016