

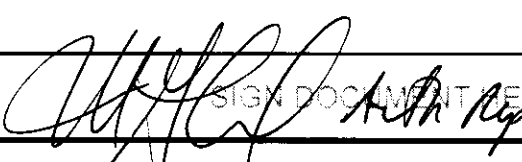


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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<br><b>157562</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>HOPE ARTISTE VILLAGE PROPRIETOR, LLC</b>     |                                                    |                         |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental ar</b>                                                                                                                                                      |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                                                    |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |                 |                                                                                                   |                                                    |                         |                     |
| 6. Principal Office Address<br><b>1005 MAIN STREET, SUITE 1220</b>                                                                                                                                          |                 | City<br><b>PAWTUCKET</b>                                                                          |                                                    | State<br><b>RI</b>      | Zip<br><b>02860</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                   |                                                    |                         |                     |
| Contact Name <b>MICHAEL GAZDACKO</b>                                                                                                                                                                        |                 |                                                                                                   | Contact Title <b>VP DEVELOPMENT AND OPERATIONS</b> |                         |                     |
| Street Address <b>1005 MAIN STREET, SUITE 1220</b>                                                                                                                                                          |                 | City <b>PAWTUCKET</b>                                                                             |                                                    | State <b>RI</b>         | Zip <b>02860</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                   |                                                    |                         |                     |
| Manager Name <b>LANCE JAY ROBBINS</b>                                                                                                                                                                       |                 |                                                                                                   | Manager Name                                       |                         |                     |
| Street Address <b>PO BOX 2109</b>                                                                                                                                                                           |                 |                                                                                                   | Street Address                                     |                         |                     |
| City <b>HOLLYWOOD</b>                                                                                                                                                                                       | State <b>CA</b> | Zip <b>90078</b>                                                                                  | 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>MICHAEL GAZDACKO</b>                                                                                                                                                        |                 |                                                                                                   |                                                    | Date<br><b>11/29/16</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                   |                                                    | SIGN DOCUMENT HERE      |                     |

**FILED**

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

By 3251  
LJ