RI SOS Filing Number: 201743484700 Date: 5/24/2017 9:38:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division					
HOPE					
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Annual Report for the year:					
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					
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1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company		7
141364		<u>enhill</u>	Enterprise		<u> </u>
3. NAICS Code			cter of business conducted in Rho		
59	Hold	title	To realestate	e Pton	ertics
5. State of Formation	7			,,,,,	
RI					
6. Principal Office Address			City	State	Zip
16 Park Lane			Lincolndale	NY	10540
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contest Name Pasqualina Matfucci			Secretary /reasurer		
Street Address			city Lincoln delp	State V	Zip/0540
			_	<i> </i>	
	the Limited Liabi	lity Company, IF APPLICABLE - I	DO NOT LIST ME	MBERS	
Manager Name			Manager Name		
Street Address			Street Address		
	T _a	T		1	T
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
ou son Addison			ou oct tadroso		
City	State	Zip	City	State	Z ip
	1	<u> </u>	J. Che	eck the box to indi	cate 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,					
rasqualina Mattucci 5/25/2017					
Signature of Authorized Person Asqualina Maffucci Signature of Authorized Person Asqualina Maffucci					
L'asqualina Maquece					

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 (2:38)
MAY 24 2017

BY CM 304345