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State of Rhode Island and Providence Plantations  Department of State - Business Services Division	R.I. BET BUS 2017 AUG
Annual Report for the year: 2014 Limited Liability Company	22 P
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	STATE DIV
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	ŭ.
1. Entity ID Number 2. Exact name of the Limited Liability Company	

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1. Entity ID N	umber	2. Exact name of the Limited Liability Company						
718956		H MOVERS LLC						
3. NAICS Co	de	4. Brief description of the character of business conducted in Rhode Island						
48-49 - Trans	portation and	MOVING AND STORAGE						
5. State of Fo	rmation							
RI								
6. Principal Q	ffice Address		·	City	State	Zip		
6 PEMBERT	ERTON ST			PROVIDENCE	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name	t Name EDUARDO			Contact Title HOPP				
Street Address	ddress 6 PEMBERTON ST			City PROVIDENCE	State RI	<sup>Zip</sup> 02909		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name	jer Name			Manager Name				
Street Address	SS			Street Address				
City		State _	Zip	City	State	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City		State	Zip	City	State	Zip		
			-	Che	ck the box to indic	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				Date				
	Eduardo Hopp				08/12/17			
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 CAUG 2 2 2017 3.3 1

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