Annual Report for the year: 2013						6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Limited Liability Company → Filing period: September 1 - November 1							
→ Filing Fee: \$50.00						<u>.</u>	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.						ယ က	
4.5 m to N at 1 at							
1. Entity ID I	Number	2. Exact name of the Limited Liability Company					
		H MOVERS LLC					
3. NAICS Co 48-49 - Tran	ide sportation and	4. Brief description of the character of business conducted in Rhode Island MOVING AND STORAGE					
5. State of Formation							
RI							
6. Principal Office Address				City	State	Zip	
6 PEMBERTON ST				PROVIDENCE	RI	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name EDUARDO				Contact Title HOPP			
Street Address 6 PEMBERTON ST				City PROVIDENCE	State RI	^{Zip} 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address	treet Address			Street Address			
City		State	Zir	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	Date	
Eduardo Hopp					081	12/17	
Signature of Authorized Person							
							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED - 3/2
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BY Cu 310821