



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000518026

**2. Exact Name of the Limited Liability Company** OPENDOORS HOUSING, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE PURPOSE OF THE COMPANY IS TO ACT AS THE OWNER OF A REAL ESTATE DEVELOPMENT; BUY, LEASE, FINANCE, AND OTHERWISE ENGAGE IN THE REAL ESTATE BUSINESS; TO ENGAGE IN ANY BUSINESS PERMITTED UNDER THE ACT THAT THE MEMBER SHALL DEEM DESIRABLE OR EXPEDIENT; AND POWER AND AUTHORITY

TO ENTER INTO ANY KIND OF ACTIVITY AND TO PERFORM AND CARRY OUT CONTRACTS OF ANY KIND NECESSARY TO OR IN CONNECTION WITH OR INCIDENTAL

TO THE ACCOMPLISHMENT OF THE PURPOSES SO LONG AS ACTIVITIES AND CONTRACTS MAY BE LAWFULLY CARRIED ON OR PERFORMED BY A LIMITED LIABILITY COMPANY UNDER ACT.

**5. Principal Office Address**

No. and Street: 485 PLAINFIELD STREET

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 485 PLAINFIELD STREET  
City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ROBERT B. BERKELHAMMER, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 27 Day of September, 2017 at 3:37:33 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By C. PATRICK WESTFALL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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