



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

STAMP

Annual Report for the year: **2017**

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>129660</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Hewett Properties, LLC</b>                           |                    |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>commercial property</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                           |                    |
| 6. Principal Office Address<br><b>33 College Hill Road, Building 15</b>                                                                                                                                     |       | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                             |       | Zip<br><b>02889</b>                                                                                       |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                           |                    |
| Contact Name<br><b>Brian Bucci</b>                                                                                                                                                                          |       | Contact Title<br><b>Managing Member</b>                                                                   |                    |
| Street Address<br><b>PO Box 6187</b>                                                                                                                                                                        |       | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                             |       | Zip<br><b>02887</b>                                                                                       |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                           |                    |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                              |                    |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                            |                    |
| City                                                                                                                                                                                                        | State | City                                                                                                      | State              |
|                                                                                                                                                                                                             | Zip   |                                                                                                           | Zip                |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                              |                    |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                            |                    |
| City                                                                                                                                                                                                        | State | City                                                                                                      | State              |
|                                                                                                                                                                                                             | Zip   |                                                                                                           | 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.                                                                   |       |                                                                                                           |                    |
| <i>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.</i> |       |                                                                                                           |                    |
| Name of Authorized Person<br><b>Brian A. Bucci</b>                                                                                                                                                          |       | Date<br><b>10-2-17</b>                                                                                    |                    |
| Signature of Authorized Person                                                                                                                                                                              |       | SIGN DOCUMENT HERE                                                                                        |                    |

FILED

MAIL TO:

Division of Business Services

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

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OCT 10 2017

BY **2089 KAY**