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 1666156	1	2. Exact name of the Limited Liability Company 1055 Hope Street, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
531110	Hold real	Hold real estate				
5. State of Formation		1				
RI .						
6. Principal Office Address			City	State	Zip	
1059 Hope Street			Bristol	RI	02809	
7. Mailing Address of Limite	d Liability Compa	iny and Name o				
Contact Name Paula J. Martel			Contact Title Member			
Street Address 1059 Hope Street			City Bristol	State RI	^{Zip} 02809	
	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name None			Manager Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1	<u> </u>	Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of	State. Changes require filin	g Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, includ true and correct.	ling any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Paula Martel Member						
Signature of Authorized Per	r gi on///	-	 			
1 aun h	MX	SIG	V DOCUMENT HERE	·		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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