



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 1015163	2. Exact name of the Limited Liability Company The Holley Camp, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	Family Summer Cottage					
5. State of Formation	raining Summer Cottage					
RI						
6. Principal Office Address	<u>.                                    </u>		City	State	Zıp	
69 Kickapoo Run			Charlestown	RI	02813	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name						
Contact Name Wendy L Hosley			Contact Title Resident Agent			
Street Address 69 Kickapoo Run			City Charlestown	State RI	<sup>Zip</sup> 02813	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Priscilla A Arch	nambault		Manager Name Bethany H Fay			
Street Address 78 Oak Street			Street Address 2143 Ministerial Road			
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879	
Manager Name Cynthia S Hosle	еу		Manager Name Wendy L Hosley			
Street Address 57 Whippoorwill Drive			Street Address 69 Kickapoo Run			
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Charlestown	State RI	<sup>Zip</sup> 02813	
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 penelty 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	
Wendy L Hosley				10-5-17	10-5-17	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

**Division of Business Services** 

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

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FORM 632 - Rovised: 08/2017