RI SOS Filing Number: 201751404220 Date: 10/11/2017 4:00:00 PM

| State of Rhode Island and Providence Plantations | |
|---|-------------|
| Department of State - Business Services Division | |
| | |
| 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 1663626 | 2. Exact name of the Limited Liability Company HAGOPIAN GROUP, LLC | | | | | |
| 3. NAICS Code 88 53/390 | Brief description of the character of business conducted in Rhode Island PURCHASE, SELL, INVEST, LEASE AND MANAGE REAL ESTATE | | | | | |
| 5. State of Formation RI | | | | | | |
| 6 Principal Office Address 107 WENTWORTH AVENUE | | | City CRANSTON | State RI | Z _{IP} 02905 | |
| 7. Mailing Address of Limited Lia | ability Compa | iny and Name or Ti | itle of Contact Person | | | |
| Contact Name SARKIS HAGOPIAN | | Contact Title SOLE MEMBER | | | | |
| Street Address 107 WENTWORTH AVENUE | | | City CRANSTON | State RI | ^{Zıp} 02905 | |
| 8. List ALL managers (names a | nd addresses | s) of the Limited Lia | ability Company, IF APPLICABI | LE - DO NOT LIST I | MEMBERS | |
| Manager Name | | Manager Name | | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zip | |
| | | | | Check the box to | ndicate an attachment | |
| 9. Resident Agent in Rhode Isla | nd. This inform | nation is currently of r | ecord with the Department of State | e. Changes require filir | ng Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | | | | any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | | |
| SARKIS HAGOPIAN | | | | 10/9/2017 | | |
| Signature of Authorized Person | | Za | Della Valgorice | | | |

MAIL TO:

Division of Business Services

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

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

OCT 1 1 2017

BY 0 31458 7 FORM 632 - Revised: 08/2017