s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Com	pany		
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. <u>000572781</u>			
2. Exact Name of the Limited Liability Company 665 HOPE STREET, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
RESIDENTIAL APARTMENT RENTAL.			
5. Principal Office Addre	SS		
No. and Street: 665-667 HOPE STREET			
City or Town: PROVIDENCE State: RI Zip: <u>02906</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JANE D. POULIN Contact Title: PRINCIPAL			
No. and Street:4812 41ST STREET NWCity or Town:WASHINGTONState: DCZip: 20016Country: USA			
City or Town: <u>WASI</u>		: <u>DC</u> Zip: <u>20016</u> (50011119. <u>05A</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country
MANAGER	JANE D POULIN	4812 41ST WASHINGTON, DC	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARC A. GREENFIELD, ESQ. 116 ORANGE STREET 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 31 Day of October, 2017 at 6:34:49 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 JANE D. POULIN Signature of Authorized Person

Form No. 632 Revised 09/07

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