	State of Rhode Island and Prov Office of the Secretar		ons Fee: \$50.0
	Division Of Business	Services	
	148 W. River Str	reet	
	Providence RI 02904		
HOPE	(401) 222-304	0	
imited Liability Co Annual Report			
o file its annual report w	S.L. 7-16-66(d), each limited liability compa ithin thirty (30) days after the time prescri a penalty fee of \$25.00.		-
ANNUAL REPORT YEA	<b>AR</b> : <u>2017</u>		
1. ID No. <u>000542</u> 6	561		
2. Exact Name of the	Limited Liability Company <u>HKR1, L</u>		
3. State of Formation			
State: <u>RI</u>			
•	S Code that best describes the primary b fore information on <u>NAICS</u> can be found o	•	the entity. Download
•	S Code that best describes the primary b	•	r the entity. Download
the list of codes <u>here.</u> N	S Code that best describes the primary b	nline.	
the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of	S Code that best describes the primary b fore information on <u>NAICS</u> can be found o	nline.	
the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of REAL PROPERTY M	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found c	nline.	
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the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of <u>REAL PROPERTY M</u> 5. Principal Office Add No. and Street: City or Town: <u>1</u> 6. Mailing Address of	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found on the Character of the Business Which <u>IANAGEMENT</u> dress <u>46 FIFTH AVENUE</u> <u>NARRAGANSETT</u> State: <u>RI</u> Limited Liability Company and Name	ris Actually Conducte Zip: <u>02882</u> or Title of Contact P	ed in Rhode Island Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of <u>REAL PROPERTY M</u> 5. Principal Office Add No. and Street: <u>2</u> City or Town: <u>3</u> 6. Mailing Address of Contact Name: <u>STAN</u>	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found on <b>The Character of the Business Which</b> <u>MANAGEMENT</u> dress <u>46 FIFTH AVENUE</u> <u>NARRAGANSETT</u> State: <u>RI</u>	ris Actually Conducte Zip: <u>02882</u> or Title of Contact P	ed in Rhode Island Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of <u>REAL PROPERTY M</u> 5. Principal Office Add No. and Street: <u>4</u> City or Town: <u>1</u> 6. Mailing Address of Contact Name: <u>STAN</u> No. and Street: <u>4</u>	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found on The Character of the Business Which <u>IANAGEMENT</u> dress <u>46 FIFTH AVENUE</u> <u>NARRAGANSETT</u> State: <u>RI</u> Limited Liability Company and Name <u>ILEY P. WOJCIECHOWSKI</u> Contact Title	ris Actually Conducte Zip: <u>02882</u> or Title of Contact P	ed in Rhode Island Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531311</u> <b>4. Brief Description of</b> <u>REAL PROPERTY M</u> <b>5. Principal Office Add</b> No. and Street: <u>4</u> City or Town: <u>1</u> <b>6. Mailing Address of</b> Contact Name: <u>STAN</u> No. and Street: <u>4</u> City or Town: <u>N</u>	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found of <b>The Character of the Business Which</b> <u>ANAGEMENT</u> <u>dress</u> <u>46 FIFTH AVENUE</u> <u>NARRAGANSETT</u> State: <u>RI</u> <u>Limited Liability Company and Name</u> <u>ILEY P. WOJCIECHOWSKI</u> Contact Title <u>6 FIFTH AVENUE</u> <u>IARRAGANSETT</u> State: <u>RI</u> <u>of Each Manager of the Limited Liabi</u>	Tip: <u>02882</u> or Title of Contact P Zip: <u>02882</u>	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531311</u> 4. Brief Description of <u>REAL PROPERTY M</u> 5. Principal Office Add No. and Street: 4 City or Town: 1 6. Mailing Address of Contact Name: <u>STAN</u> No. and Street: 4 City or Town: N No. and Street: 4 City or Town: N 7. Name and Address	S Code that best describes the primary b Nore information on <u>NAICS</u> can be found of <b>The Character of the Business Which</b> <u>ANAGEMENT</u> <u>dress</u> <u>46 FIFTH AVENUE</u> <u>NARRAGANSETT</u> State: <u>RI</u> <u>Limited Liability Company and Name</u> <u>ILEY P. WOJCIECHOWSKI</u> Contact Title <u>6 FIFTH AVENUE</u> <u>IARRAGANSETT</u> State: <u>RI</u> <u>of Each Manager of the Limited Liabi</u>	zip: <u>02882</u> or Title of Contact P Zip: <u>02882</u> dity Company, if App	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LYNN E. RILEY, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 9 Day of November, 2017 at 2:33:30 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 <u>STANLEY P. WOJCIECHOWSKI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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