



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 <u>000154731</u> | | 2. Exact name of the Limited Liability Company <u>HomePREP Properties, LLC</u> | | | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real Property Holding Company</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>200 BEECHWOOD DRIVE</u> | | | City <u>CRANSTON</u> | State <u>RI</u> | Zip <u>02924</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>LIONEL R HARRIS</u> | | | Contact Title <u>Member</u> | | |
| Street Address <u>200 BEECHWOOD DR</u> | | | City <u>CRANSTON</u> | State <u>RI</u> | Zip <u>02924</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST 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 | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| Under penalty 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 <u>LIONEL R HARRIS, MEMBER</u> | | | | Date <u>11/20/17</u> | |
| Signature of Authorized Person <u>Lionel R Harris, Member</u> | | | | | |

FILED 12:24 pm

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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