



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

**FILED**

JAN 18 2018

BY

*id*  
2004

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<br><b>000149584</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>Mount Hope Development, LLC</b>                           |      |                        |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Investing in Real Estate</b> |      |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                                |      |                        |                     |
| 6. Principal Office Address<br><b>146 Smart Street</b>                                                                                                                                                      |                    | City<br><b>Providence</b>                                                                                      |      | State<br><b>RI</b>     | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                |      |                        |                     |
| Contact Name                                                                                                                                                                                                |                    | Contact Title                                                                                                  |      |                        |                     |
| Street Address<br><b>146 Smart Street</b>                                                                                                                                                                   |                    | City<br><b>Providence</b>                                                                                      |      | State<br><b>RI</b>     | Zip<br><b>02904</b> |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                                |      |                        |                     |
| Manager Name<br><b>Steven Williams</b>                                                                                                                                                                      |                    | Manager Name                                                                                                   |      |                        |                     |
| Street Address<br><b>311 Poplar Avenue</b>                                                                                                                                                                  |                    | Street Address                                                                                                 |      |                        |                     |
| City<br><b>Millbrae</b>                                                                                                                                                                                     | State<br><b>CA</b> | Zip<br><b>94030</b>                                                                                            | 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.                                                                   |                    |                                                                                                                |      |                        |                     |
| <b>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.</b> |                    |                                                                                                                |      |                        |                     |
| Name of Authorized Person<br><b>Steven Williams</b>                                                                                                                                                         |                    |                                                                                                                |      | Date<br><b>1/12/18</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                    |                                                                                                                |      | SIGN DOCUMENT HERE     |                     |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)