

STAMP

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 156289 | | 2. Exact name of the Limited Liability Company HOPKINS GREEN I, LLC | | | | | | |
|---|------------------------|--|---|---------------------------------------|------------------------|--|--|--|
| 3. NAICS Code 531210 | 1 | Brief description of the character of business conducted in Rhode Island Real Estate | | | | | | |
| 5. State of Formation RI | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | |
| 434 Leisure Drive | | | Wakefield | RI | 02879 | | | |
| 7. Mailing Address of Limi | ted Liability Compa | any and Name o | r Title of Contact Person | · · · · · · · · · · · · · · · · · · · | | | | |
| Contact Name Lisa Fiore | | | Contact Title Member | | | | | |
| Street Address 434 Leisure Drive | | | City Wakefield | State RI | ^{Zip} 02879 | | | |
| 8. List ALL managers (na | mes and addresse | s) of the Limited | Liability Company, 1F APPLICA | BLE - DO NOT LIST | MEMBERS (A) | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | Street Address B CCT | | | | |
| City | State | Zip | City | State | Zip TOTY | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address CD TH | | | | | |
| City | State | Zip | City | State | Zıp | | | |
| | | 1 | | Check the box to | indicate an attachment | | | |
| 9. Resident Agent in Rhoo | de Island. This inform | mation is currently | of record with the Department of S | late. Changes require fil | ing Form 642. | | | |
| Under penalty of perjury statements, and that all | | | examined this report, includi- true and correct. | ng any accompanyi | ng schedules and | | | |
| Name of Authorized Person | on | | | Date \ | \ | | | |
| Stephen B. Kenyon | | | | 3 | 18/18 | | | |
| Signature of Authorized P | erson | dis 1 | N COCUMENT 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

FORM 632 - Revised: 10/2017