State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the y Limited Liability Compa		2018			FOR SECRETARY OF STATE	
-> Filing period: September 1	- November 1				USE OKLY	
→ Filing Fee. \$50.00						
Penalty: Additional \$25.00 f	ee if form is n	ot filed by Decen	nber 1.			
Entity ID Number Code A Scription of the Limited Liability Company HIRAL LLC A Brief description of the character of business conducted in Rhode Island						
531110	Own and rent	real estate				
5. State of Formation						
RHODE ISLAND	<u> </u>		Cib	State	Zin	
6. Principal Office Address			City	State	Zip	
24 WINNAPAUG ROAD			WESTERLY	RI	02891	
7. Mailing Address of Limited Lia	bility Compani	and Name or T		<u> </u>		
Contact Name Contact Title						
MAHENDRA PATEL			MEMBER			
Street Address	<u> </u>		City	State	Zip	
24 WINNAPAUG ROAD			WESTERLY	RI	02891	
8. List ALL managers (names an	d addresses)	of the Limited Lia	ability Company, IF APPLICA	BLE - DO NOT LIST MEI	MBERS	
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 indica		
9. Resident Agent in Rhode Islan	·····		ly of record with the Department			
Under penalty of perjury, I dec statements, and that all staten			•	ling any accompanying	schedules and _	
Name of Authorized Person					Date	
MAHENDRA PATEL					2/27/2018	
Signature of Authorized Person Malen	dra f	atel				
7		- 1/ - 1				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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