	State of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River St Providence RI 0290 (401) 222 20	treet 04-2615
HOPE	(401) 222-304	40
Limited Liability Co	mpany	
Annual Report Filing Period: September	1 November 1	
rilling renou. September		
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time presci	
16-66(b&c)) is subject to		
ANNUAL REPORT YEA	R : <u>2018</u>	
1. ID No. 0016764	06	
2. Event Name of the 1	imited Liebility Company. The U.	naggy Group LLC
2. Exact Name of the	Limited Liability Company The Hen	nessy Group, LLC
3. State of Formation		
State: <u>RI</u>		
—		
	ARTICLE III	
5	pre information on <u>NAICS</u> can be found	business conducted by the entity. Down online.
4 Priof Decorintion of	the Character of the Pusiness Which	is Astually Conducted in Phode Isl
4. Bhei Description of		is Actually Conducted in Rhode Isla
MANIA CINIC DECIDI		
MANAGING RESIDE	NTIAL AND COMMERCIAL PRO	<u>DPERTIES</u>
5. Principal Office Add	ress	
No. and Street: 99	HARWOOD ROAD	
	AST GREENWICH State:	<u>RI</u> Zip: <u>02818</u> Country: <u>US</u>
6. Mailing Address of L	imited Liability Company and Name	e or Title of Contact Person:
Contact Name: AMELI	E HENNESSY Contact Title:	
	<u>) BOX 1259</u>	
City or Town: <u>EA</u>	ST GREENWICH State: F	<u>RI</u> Zip: <u>02818</u> Country: <u>US</u>
7. Name and Address DO NOT LIST MEMB	of Each Manager of the Limited Liab ERS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Cou
MANAGER		
	ROSE-AMELIE HENNESSY	99 HARWOOD ROAD EAST GREENWICH, RI 02818 USA
MANAGER		99 HARWOOD ROAD

EAST GREENWICH, RI 02818 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROSE-AMELIE HENNESSY 99 HARWOOD RD EAST GREENWICH, RI 02818

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

Signed this 13 Day of August, 2018 at 11:55:09 AM 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>AMELIE HENNESSY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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