RI SOS Filing Number: 201877171390 Date: 9/11/2018 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations  Department of State - Business Services Division |          |
|----------------------------------------------------------------------------------------------------|----------|
| Annual Report for the year: 2018                                                                   | <u> </u> |
| Limited Liability Company                                                                          |          |
| <ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> </ul>       |          |

| Entity ID Number                                                | 2. Exact name of the Limited Liability Company                              |                        |                                              |                       |                      |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|----------------------------------------------|-----------------------|----------------------|--|
| 001676907                                                       | HARBOR HEIGHTS, LLC                                                         |                        |                                              |                       |                      |  |
| 3. NAICS Code                                                   | 4. Brief description of the character of business conducted in Rhode Island |                        |                                              |                       |                      |  |
| 53110                                                           | REAL ESTATE INVESTMENTS                                                     |                        |                                              |                       |                      |  |
| 5. State of Formation                                           |                                                                             |                        |                                              |                       |                      |  |
| 6. Principal Office Address                                     | City                                                                        |                        |                                              | State                 | Zip                  |  |
| 24 CORLISS ST, SUITE 41167                                      |                                                                             |                        | PROVIDENCE                                   | RI                    | 02904                |  |
| 7. Mailing Address of Limited Lia                               | bility Company a                                                            | ind Name or Title      | of Contact Person                            |                       |                      |  |
| CLOVIS CZERWEIN                                                 |                                                                             |                        | Contact Title AGENT                          |                       |                      |  |
| Street Address PO BOX 41167                                     |                                                                             |                        | City PROVIDENCE                              | State RI              | <sup>Zip</sup> 02940 |  |
| 8. List ALL managers (names an                                  | d addresses) of                                                             | the Limited Liabil     | ity Company, IF APPLICABLE - D               | O NOT LIST ME         | MBERS                |  |
| Manager Name                                                    |                                                                             |                        | Manager Name                                 |                       |                      |  |
| Street Address                                                  |                                                                             |                        | Street Address                               |                       |                      |  |
| City                                                            | State                                                                       | Ζιρ                    | City                                         | State                 | Žip                  |  |
| Manager Name                                                    |                                                                             |                        | Manager Name                                 |                       |                      |  |
| Street Address                                                  |                                                                             |                        | Street Address                               |                       |                      |  |
| City                                                            | State                                                                       | Zip                    | City                                         | State                 | Zip                  |  |
|                                                                 |                                                                             |                        | Che                                          | ck the box to indi    | cate an attachment   |  |
| 9. Resident Agent in Rhode Islan                                | d. This information                                                         | n is currently of reco | ord with the Department of State. Cha        | nges require filing F | orm 642.             |  |
| Under penalty of perjury, I decistatements, and that all statem |                                                                             |                        | ined this report, including any and correct. | accompanying s        | chedules and         |  |
| Name of Authorized Person Date                                  |                                                                             |                        |                                              |                       |                      |  |
| CLOVIS CZERWEIN                                                 |                                                                             |                        |                                              | 09-06-2018            |                      |  |
| Signature of Authorized Person                                  |                                                                             |                        |                                              |                       |                      |  |

MAIL TO:

**Division of Business Services** 

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

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

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