



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

Annual Report for the year: 2018

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>1: <u>128991</u>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br>Hack and Wack Realty Management LLC                        |                            |                |              |
| 3. NAICS Code<br>53 <u>1390</u>                                                                                                                                                                      |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Management</u> |                            |                |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                                              |                            |                |              |
| 6. Principal Office Address<br>4 Bourget Court                                                                                                                                                       |       | City<br><u>North Smithfield</u>                                                                              |                            | State<br>RI    | Zip<br>02896 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                              |                            |                |              |
| Contact Name<br>Keith Beauhamp                                                                                                                                                                       |       |                                                                                                              | Contact Title<br>President |                |              |
| Street Address<br>4 Bourget Court                                                                                                                                                                    |       | City<br>North Smithfield                                                                                     |                            | State<br>RI    | Zip<br>02896 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                              |                            |                |              |
| 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 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.                                                            |       |                                                                                                              |                            |                |              |
| 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. |       |                                                                                                              |                            |                |              |
| Name of Authorized Person<br>Keith Beauchamp                                                                                                                                                         |       |                                                                                                              |                            | Date<br>9/7/18 |              |
| Signature of Authorized Person<br><u>Keith Beauchamp</u> SIGN DOCUMENT HERE                                                                                                                          |       |                                                                                                              |                            |                |              |

MAIL TO:

Division of Business Services  
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