



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001315763

2. Exact Name of the Limited Liability Company HUSKY ENTERPRISES, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO PURCHASE THIRTY FIVE (35) YEAR LEASE FOR THE PROPERTY LOCATED AT 2095 DIAMOND HILL ROAD,CUMBERLAND, RI 02864 AND OPERATE AS LANDLORD UNDER THE TERMS OF THE LEASE, TOGETHER WITH SUCH OTHER ACTIVITIES AS MAY BE NECESSARY OR ADVISABLE IN CONNECTION WITH THE OWNERSHIP OF THE PROPERTY

5. Principal Office Address

No. and Street: 2095 DIAMOND HILL ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: STEPHEN ROBINSON Contact Title:

No. and Street: 2095 DIAMOND HILL ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
-------	-----------------	---------

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

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

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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 September, 2018 at 2:46:19 PM 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 SANDRA DELLI CARPINI
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations
All Rights Reserved