



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

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 CORPORATIONS DIV

2018 SEP 21 PM 1:12

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 001663631		2. Exact name of the Limited Liability Company HND, LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Real estate holding			
5. State of Formation Rhode Island					
6. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James A. Schiff			Contact Title		
Street Address 2 Williams Street			City Providence	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name James A. Schiff			Manager Name Elizabeth Schiff		
Street Address 2 Williams Street			Street Address 2 Williams Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
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 JAMES A. SCHIFF			Date 9/10/18		
Signature of Authorized Person <i>James A. Schiff</i>			SIGN DOCUMENT HERE		

FILED

SEP 21 2018

BY CK 1048

MAIL TO:

Division of Business Services
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 Website: www.sos.ri.gov