



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

STAMP

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><b>1340846</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>Roberto and Hines LLC</b>                                                                      |                                 |                          |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rents out office space and residential space in one location.</b> |                                 |                          |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                         |       |                                                                                                                                                     |                                 |                          |                     |
| 6. Principal Office Address<br><b>30 Holley St</b>                                                                                                                                                   |       |                                                                                                                                                     | City<br><b>Wakefield</b>        | State<br><b>RI</b>       | Zip<br><b>02879</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                                                     |                                 |                          |                     |
| Contact Name<br><b>Joseph P. Matoney Jr.</b>                                                                                                                                                         |       |                                                                                                                                                     | Contact Title<br><b>Partner</b> |                          |                     |
| Street Address<br><b>30 Holley St</b>                                                                                                                                                                |       |                                                                                                                                                     | City<br><b>Wakefield</b>        | State<br><b>RI</b>       | Zip<br><b>02879</b> |
| 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><b>Joseph P. Matoney Jr.</b>                                                                                                                                            |       |                                                                                                                                                     |                                 | Date<br><b>9/19/2018</b> |                     |
| Signature of Authorized Person<br><i>Joseph P. Matoney Jr.</i>                                                                                                                                       |       |                                                                                                                                                     |                                 | SIGN DOCUMENT HERE       |                     |

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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BY 1087