



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

FILED

SEP 26 2018

BY

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 <u>1015163</u>		2. Exact name of the Limited Liability Company <u>The Holley Camp, LLC</u>	
3. NAICS Code <u>531390</u>		4. Brief description of the character of business conducted in Rhode Island <u>Family Summer Cottage</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>69 Kickapoo Run</u>		City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Wendy L. Hosley</u>		Contact Title <u>Resident Agent</u>	
Street Address <u>69 Kickapoo Run</u>		City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>PRISCILLA J. ARCHAMBAULT</u>		Manager Name <u>Bethany H. Fay</u>	
Street Address <u>78 Oak St</u>		Street Address <u>2143 Ministerial Rd.</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
Manager Name <u>Cynthia S. Hosley</u>		Manager Name <u>Wendy L. Hosley</u>	
Street Address <u>57 Whipoorwill DR.</u>		Street Address <u>69 Kickapoo Run</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
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 <u>Wendy L. Hosley</u>		Date <u>9/19/18</u>	
Signature of Authorized Person <u>Wendy L. Hosley</u>		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



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Contact Name			Contact Title		
Street Address		City		State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Sharon Johnston</u>			Manager Name <u>Susan H. Vasques</u>		
Street Address <u>91 Pt Judith Rd. #166</u>			Street Address <u>63 Oak St</u>		
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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Name of Authorized Person				Date	
Signature of Authorized Person				SIGN DOCUMENT HERE	

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