



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

FILED

SEP 26 2018

BY

157
[Signature]

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>	Zip <u>02879</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>	Zip <u>02879</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

