RI SOS Filing Number: 201878430810 Date: 9/28/2018 4:00:00 PM



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.

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| 4. Each ID M. artis | 2 5 | A SAN THE SAN | ale l'Ar Comman | | | | |
|--|--|---|----------------------|-------------|----------------------|--|--|
| 1 Entity ID Number 001339003 | 2. Exact name of the Limited Liability Company Hope Farm Estate, LLC | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531110 | Real Estate | | | | | | |
| 5. State of Formation | | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 35 Tropical Court | | | Warwick | RI | 02886 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Barbara Lonardo | | | Contact Title Member | | | | |
| Street Address 11 Capeway Road | | | City Cranston | State RI | ^{Zip} 02920 | | |
| 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 | Zıp | City | State | Zıp | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address . | | | | |
| Crty | State | Zıp | 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 | | | | Date | | | |
| Barbara Lonardo | | | 9, | 18/18 | | | |
| Signature of Authorized Person | | | | | | | |
| Signature of Authorized Person Conacto Gign 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**

SEP 28 2018

BY 3/01

FORM 632 - Revised: 10/2017