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

Annual Report for the year: 20 18
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	2. Exact name of the Limited Liability Company
138936	HOPE & WICKENDEN LLC

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
53110	Acauiring, developing, owning leosing, motgaging heal Property

5. State of Formation
RI

6. Principal Office Address	City	State	Zip
388 WICKENDEN ST	PROVIDece	RI	02903

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name LI YA LIAO	Contact Title manager

Street Address 388 WICKENDEN ST	City PROVIdeo	State RI	Zip 02903

8 List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name LI YA LIAO			Manager Name		
Street Address 388 WICKENDEN ST			Street Address		
City PROVIdece	State RI	Zip 02903	City	State	Zip
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 LI YA LAO	Date 10/17/18
Signature of Authorized Person	

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

OCT 17 2018

BY C 93SC

FORM 632 - Revised: 10/2017