

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.

FILED						
OCT 2 3 2018						
BY_	165					
201						

1. Entity ID Number 1666156		2. Exact name of the Limited Liability Company 1055 Hope Street, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
531110	To hold re	To hold real estate					
5. State of Formation RI							
6. Principal Office Address			City	State	Zip		
1059 Hope Street			Bristol	RI	02809		
7. Mailing Address of Limited	d Liability Compa	any and Name o	r Title of Contact Person				
Contact Name Paula J. Marte	əl		Contact Title Member				
Street Address 1059 Hope Street			City Bristol	State RI	^{Zip} 02809		
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name None			Manager Name None	Manager Name None			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name None			Manager Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u>L</u>			Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	mation is currently	of record with the Department of	State. Changes require fili	ng Form 642.		
Under penalty of perjury, I statements, and that all st	declare and afi	firm that I have ined herein are	examined this report, include true and correct.	ling any accompanyin	ng schedules and		
Name of Authorized Person	Date	Date					
Paula J. Martel							
Signature of Authorized Pers		Ju Sig	N 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