




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

**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 <b>000141441</b>		2. Exact name of the Limited Liability Company <b>Hampton Family III, L.L.C.</b>			
3. NAICS Code <b>53 - Real Estate and Rental and</b>		4. Brief description of the character of business conducted in Rhode Island <b>Acquiring, developing, leasing, selling, and otherwise dealing in Real Property.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>35 Albany Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Jonathan V. Kalandar</b>			Contact Title <b>Attorney</b>		
Street Address <b>931 Jefferson Boulevard, Suite 2004</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Amy R. Bishop</b>			Manager Name <b>Dana A. Bishop</b>		
Street Address <b>168 Old Plainfield Pike</b>			Street Address <b>168 Old Plainfield Pike</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<b>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.</b>					
Name of Authorized Person <b>Amy R. Bishop</b>				Date <b>10/22/18</b>	
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](http://www.sos.ri.gov)

**FILED**

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