S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE			
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
In accordance with R I G I	7-16-66(d) each limited liability com	any failing or refusing	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>00086985</u>	<u>l</u>		
2. Exact Name of the Limited Liability Company THIN BLUE LINE PARTNERS, LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	ode Island
I OWN RESIDENTIAL REAL ESTATE FOR WHICH I COLLECT RENT.			
5. Principal Office Addre	SS		
No. and Street: 25	JASPER STREET		
City or Town: <u>PR</u>	OVIDENCE State: E	<u>AI</u> Zip: <u>02904</u> Country	y: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: ALIAS IMONDI Contact Title: OWNER			
No. and Street: 25 JASPER STREET			
City or Town: PRC	OVIDENCE State:	<u>RI</u> Zip: <u>02904</u> Counti	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
T:41-		A -1-1	
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	ode, Countrv
MANAGER	ALIAS IMONDI	25 JASPER STRE	
		PROVIDENCE, RI 02904 L	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALIAS IMONDI 25 JASPER STREET PROVIDENCE, RI 02904

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of May, 2019 at 2:58:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALIAS IMONDI

Signature of Authorized Person

Form No. 632 Revised 09/07

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