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State of Rhode Island and Providence Plantations

Department of State - Business Services Division | 2019 SEP -5 P 1: 00

Annual Report for the year: 2019 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				
159789	HQT 1)				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
212112	The deter of business conducted in Rhode Island				
5. State of Formation	{				
RT Dogalicale Sol					
6. Principal Office Address					
51 Silvan a	V	_	City	State	Zip
			Providence	LR.C	0286
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name					
Street Address			Contact Title The Salary		
7 DRUMMA COURT			City	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability			I Was WICK	TET	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name					
Charle Auto			Wallager Name		
Street Address			Street Address		
City	Stale	Zip	City		
Manager Name				State	Zip
manager Name			Manager Name		
Street Address			Street Address		
City					
City	State	Zip	City	State	Zip
	<u> </u>		<u></u>		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fling 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					
statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date					
- Mimilione alalia					
Signature of Authorized Person					
AGUAL MAN TRUPLE					
					- (1

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 05 2019 10