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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 OCT - ... ₽ 2: 27

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 160175	2. Exact name of the Limited Liability Company 802 Hope Street Associates, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531120	Real estate management and leasing					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
143 Smithfield Road			North Providence	RI	02904	
7. Mailing Address of Limited Lie	ability Compa	iny and Name or				
Contact Name Azarig Kooloian			Contact Title Manager			
Street Address 143 Smithfield Road			City North Providence	State RI	^{Zip} 02904	
8. List ALL managers (names a	nd addresse:	s) of the Limited I	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	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 Isla	nd. This inform	nation is currently o	of record with the Department of State.	Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all state			examined this report, including a true and correct.	nny accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
Azarig Kooloian				10/03/19		
Signature of Authorized Person	Thin	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 FILED

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