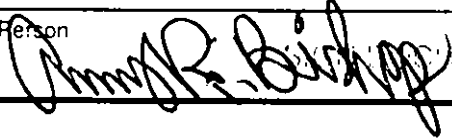




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000141441 | | 2. Exact name of the Limited Liability Company Hampton Family III, L.L.C. | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Acquiring, developing, leasing, selling, and otherwise dealing in Real Property. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 35 Albany Road | | City Warwick | | State RI | Zip 02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Jonathan V. Kalander | | | Contact Title Attorney | | |
| Street Address 931 Jefferson Boulevard, Suite 2004 | | | City Warwick | | State RI Zip 02888 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Amy R. Bishop | | | Manager Name Dana A. Bishop | | |
| Street Address 168 Old Plainfield Pike | | | Street Address 168 Old Plainfield Pike | | |
| City Foster | State RI | Zip 02825 | City Foster | State RI | Zip 02825 |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Amy R. Bishop | | | | Date 10/10/19 | |
| Signature of Authorized Person  DOCUMENT HERE | | | | | |

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 24 2019
BY 1059
201