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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2019

NOV 0 8 2019 OV

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

F-sh. ID Number	To s	# A1			
Entity ID Number	Exact name of the Limited Liability Company				
788969	HIF, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	To acquire, own, lease and/or otherwise deal with certain real estate				
5. State of Formation]				,
RI					
6. Principal Office Address			City	State	Zip
16 Charlesden Park			Newton	MA	02460
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John A. Dix			Contact Title		
Street Address 16 Charlesden Park			City Newton	State MA	^{Zip} 02460
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate an attachment.					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing 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.					
Name of Authorized Person Date					
John A. Dix	Slm	Da		11/6/	A
Signature of Authorized Person GIGN DOCUMENT HERE					
DIGIN DOUBLINE AT ALKE					
					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov