

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.

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NOV	0	8	2019

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Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
788969	HIF, LLC	HIF, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531110	To acquir	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 L	iability Compa	any and Name o	Title of Contact Person	······································			
Contact Name John A. Dix		Contact Title	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	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Check the box to indicate an attachment							
Resident Agent in Rhode Island. This information is currently of record with the Department of Stale. Changes require filing Form 642.							
Under penalty of perjury, I de statements, and that all state	clare and afi ments conta	firm that I have ined herein are	examined this report, includ true and correct.	ling any accompanying	schedules and		
Name of Authorized Person	1			Date	7		
John A. Dix	ohn A. Dix			11/6	19		
Signature of Authorized Person GIGN 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