s s	tate of Rhode Island and Pr Office of the Secret		Fee: \$50.00
HOPE	Division Of Busines 148 W. River Providence RI 029 (401) 222-3	Street 904-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000140598</u>			
2. Exact Name of the Limited Liability Company <u>HEATON ORCHARD ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 444220			
	e Character of the Business Whic	h is Astually Conducted in Pl	ada laland
4. Bhei Description of th			
REAL ESTATE			
5. Principal Office Addre	SS		
	100RESFIELD ROAD EFIELD	State: <u>RI</u> Zip: <u>02879</u> Cou	ıntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
No. and Street: 952 N	PARTYKA Contact Title:		
City or Town: WAKE	<u>EFIELD</u> S	tate: <u>RI</u> Zip: <u>02879</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
	RHODE ISLAND - DO NOT ALTER		
	INDE INCAID - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN PARTYKA 97 HEATON ORCHARD ROAD WEST KINGSTON, RI 02892

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of November, 2019 at 7:21:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SARAH PARTYKA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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