	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 - I	•		
	-16-66(d), each limited liability comp thirty (30) days after the time presci enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2	2020		
1. ID No. <u>001698407</u>			
2. Exact Name of the Lim	ited Liability Company <u>HDB To</u>	ols, LLC	
3. State of Formation			
State: MA			
	ARTICLE III		
-	de that best describes the primary information on <u>NAICS</u> can be found	-	the entity. Download
4. Brief Description of the	Character of the Business Which	is Actually Conducte	d in Rhode Island
RETAIL SALES OF TOO	<u>DLS</u>		
5. Principal Office Address	2		
	WAMSON ROAD		
	WAMSON ROAD	<u>MA</u> Zip: <u>02777</u>	Country: <u>USA</u>
No. and Street: <u>121 SV</u> City or Town: <u>SWAN</u>	WAMSON ROAD		·
No. and Street: 121 SV City or Town: SWAN 6. Mailing Address of Limit Contact Name: JOSEPH E	WAMSON ROAD <u>NSEA</u> State:		·
No. and Street: 121 SV City or Town: SWAN 6. Mailing Address of Limit Contact Name: JOSEPH E	WAMSON ROAD NSEA State: ited Liability Company and Name BERUBE Contact Title: YAMSON ROAD	or Title of Contact Pe	·
No. and Street:121 SV SWANCity or Town:SWAN6. Mailing Address of LimitContact Name:JOSEPH E 21 SW SWANCity or Town:SWAN	WAMSON ROAD NSEA State: ited Liability Company and Name BERUBE Contact Title: YAMSON ROAD ISEA State: <u>I</u> Gach Manager of the Limited Liab	or Title of Contact Pe	Country: <u>USA</u>
No. and Street:121 SV SWANCity or Town:SWAN6. Mailing Address of LimitContact Name:JOSEPH E 21 SW SWANNo. and Street:21 SW SWANCity or Town:SWAN7. Name and Address of E	WAMSON ROAD NSEA State: ited Liability Company and Name BERUBE Contact Title: VAMSON ROAD ISEA State: Name Gach Manager of the Limited Liab S Individual Name	or Title of Contact Pe <u>MA</u> Zip: <u>02777</u> ility Company, if App Addr	erson: Country: <u>USA</u> licable.
No. and Street: 121 SV City or Town: SWAN 6. Mailing Address of Limit Contact Name: JOSEPH E No. and Street: 21 SW City or Town: SWAN 7. Name and Address of E DO NOT LIST MEMBERS	WAMSON ROAD ISEA State: ited Liability Company and Name BERUBE Contact Title: VAMSON ROAD State: ISEA State: Cach Manager of the Limited Liab State:	or Title of Contact Pe <u>MA</u> Zip: <u>02777</u> ility Company, if App	erson: Country: <u>USA</u> licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EDWARD COSTA 202 HOOPER STREET TIVERTON, RI 02878

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

Signed this 29 Day of September, 2020 at 10:59:40 AM 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 JOSEPH BERUBE

Signature of Authorized Person

Form No. 632 Revised 09/07

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