	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE			
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00		
ANNUAL REPORT YEAR:			
1. ID No. <u>001683898</u>			
2. Exact Name of the Limited Liability Company High Tensile Rigging, LLC			
3. State of Formation			
State: <u>RI</u>			
-	Code that best describes the primary le information on <u>NAICS</u> can be found	-	ie entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
MARINE TRADE / RIG	GING		
5. Principal Office Addre	SS		
No. and Street: 1 WA	ASHINGTON STREET		
		te: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Per	son:
Contact Name: Contact	Title:		
	BALDWIN RD DDLETOWN State: RI	Zip: 02842	Country: US
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	SS
	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

<u>GREGORY F. FATER, ESQUIRE</u> <u>55 MEMORIAL BOULEVARD</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

## Signed this 30 Day of September, 2020 at 11:24:02 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 <u>KEATS KEELEY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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