	State of Rhoo Office of the Secre		Fee: \$50.00
	Division Of Busin 148 W. River		
HOPE	Providence RI 02 (401) 222-		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000271313</u>	3		
2. Exact Name of the Li	mited Liability Company <u>HARI</u>	LIS REAL ESTATE P	AWTUCKET LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE II		
-	Code that best describes the prima e information on <u>NAICS</u> can be fou	-	by the entity. Download
	e Character of the Business Wh	ch is Actually Conduc	cted in Rhode Island
TO OWN, HOLD AND	LEASE REAL PROPERTY		
5. Principal Office Addre	SS		
	<u>SUMNER ST</u> ILFORD State: <u>M</u>	<u>A</u> Zip: <u>01757</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Na	ne or Title of Contact	Person:
Contact Name: Contact No. and Street: 55	Title: SUMNER ST		
	.FORD State: M	Zip: <u>01757</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited L RS	ability Company, if A	pplicable.
Title	Individual Name	A	ddress
	First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country
MANAGER	CONNIE CAISSE		8 ARVIN AVE. :K, ON L8E2M2 CAN
MANAGER	KEVIN SAWCHYN	31	8 ARVIN AVE.

STONEY CREEK, ON L8E2M2 CAN

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 5 Day of October, 2020 at 7:24:54 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 TRACI HOUCK

Signature of Authorized Person

Form No. 632 Revised 09/07

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