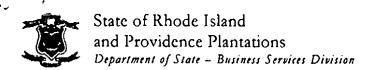
RI SOS Filing Number: 202064951560 Date: 10/9/2020 4:00:00 PM



Check No.

FOR SECRETARY OF STATE USE ONLY

By:

148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000143895	2. Exact name of the limited liability company Hove To, LLC				531110	
4. Brief description Real estate	of the character of the busin	ness which is actually condu	S. State of Formation Rhode Island		•	
6. Principal office address 336 Main Street			Gity Wakefield	State	Zip 02879	
7. MAILING ADD Contact Nume Christine A.		BILITY COMPANY AND	NAME OR TITLE OF CONTA- Contact Title Manager	CT PERSON:		
336 Main Street			City Wakefield	State RI	^{Zip} 02879	
		GER OF THE LIMITED ES BEFORE USING ATT		PLICABLE - DO NOT	LIST MEMBERS	
Manager Name Christine A. Allaire			Manager Name			
Street Address 336 Main Street			Street Address			
City Wakefield	State RI	2 <i>ip</i> 02879	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND					
This information is	currently of record in the O	Mice of the Secretary of St	ate. Changes require filing of Fo	rm 642 – R.I.G.L. 7-16-1	Orson and Brusini Ltd.	
	FILED					
(OCT 0 9 2020 VW	1				
•		ist be executed by an aut	thorized person pursuant to R.	I.G.L. 7-16-66 (b).		
BA	1267	_				
				I declare and affirm that I I ring schedules and statement and correct.		
File Date			Menters 1	7 Allino	Sat 23 2020	

Signature of Authorized Person

Christine A. Allaire, Manager

Print or Type Name of Authorized Person

Date