

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2020 OCT 16 P 4: 25

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

4 Entrain Maria						
Entity ID Number	Exact name of the Limited Liability Company					
160172	799 Hope Street Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531120	Real estate management and leasing					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
143 Smithfield Road			North Providence	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Azarig Kooloian Jr.			Contact Title Manager			
Street Address 6 Palou Drive			City North Providence	State RI	^{Zip} 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Azarig Kooloian Jr,			Manager Name			
Street Address 6 Palou Drive			Street Address			
^{City} North Providence	State RI	Zip 02904	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		•	(Check the box to i	ndicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person				Date	Date	
Azarig Kooloian Jr.				10/16/20		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2020