RI SOS Filing Number: 202066369750 Date: 10/16/2020 4:00:00 PMEIVED

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2020 OCT 16 P 4: 25

Annual Report for the year:	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.

Entity ID Number	2. Exact name of the Limited Liability Company					
160174	800 Hope Street Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Real estate management and leasing					
5. State of Formation	1					
RI					'	
6. Principal Office Address			City	State	Zip	
143 Smithfield Road			North Providence	RI	02904	
7. Mailing Address of Limited Lia		and Name or Titl				
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 ar		the Limited Liab	oility Company, IF APPLICABLE	- DO NOT LIST M	IEMBERS	
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	
		<u> </u>	•	Check the box to in	ndicate an attachment	
9. The Resident Agent information	on currently of re	cord with the RI	Department of State is accurat	e. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ny accompanying	schedules and	
Name of Authorized Person			Date	Date		
Azarig Kooloian Jr.				10/16/20		
Signature of Authorized Person	forbily	7				

MAIL TO:

Division of Business Services

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

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

OCT 16 2020 BY Cut 1039