	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>000131278</u>			
2. Exact Name of the Limited Liability Company <u>1880 HARTFORD PLAZA, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
•	Code that best describes the primary be information on <u>NAICS</u> can be found of		y the entity. Download
<u>531120</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conduct	ted in Rhode Island
9			
TO BUY, SELL AND LE	EASE REAL ESTATE		
TO BUY, SELL AND LE			
5. Principal Office Addres No. and Street: 85 I		<u>I</u> Zip: <u>02917</u>	Country: <u>USA</u>
5. Principal Office Address         No. and Street:       85 I         City or Town:       SM	ss DOUGLAS PIKE		·
5. Principal Office Address         No. and Street:       85 I         City or Town:       SM         6. Mailing Address of Line         Contact Name:       Contact -         No. and Street:       85 D	ss DOUGLAS PIKE ITHFIELD State: <u>R</u> nited Liability Company and Name Title: DOUGLAS PIKE	or Title of Contact	Person:
5. Principal Office Address         No. and Street:       85 I         City or Town:       SM         6. Mailing Address of Line         Contact Name:       Contact T         No. and Street:       85 D	ss DOUGLAS PIKE ITHFIELD State: R nited Liability Company and Name Title:	or Title of Contact	·
5. Principal Office Address         No. and Street:       85 I         City or Town:       SMI         6. Mailing Address of Line         Contact Name:       Contact -         No. and Street:       85 D         City or Town:       SMI	ss          DOUGLAS PIKE         ITHFIELD       State: R         nited Liability Company and Name         Title:         DOUGLAS PIKE         THFIELD       State: R         DOUGLAS PIKE         THFIELD       State: R         Each Manager of the Limited Liab	or Title of Contact	Person: Country: <u>USA</u>
5. Principal Office Address         No. and Street:       85 I         City or Town:       SMI         6. Mailing Address of Line         Contact Name:       Contact T         No. and Street:       85 D         City or Town:       SMI         7. Name and Address of	ss DOUGLAS PIKE ITHFIELD State: R nited Liability Company and Name Title: DOUGLAS PIKE THFIELD State: R Each Manager of the Limited Liab RS Individual Name	or Title of Contact	Person: Country: <u>USA</u> pplicable. dress
5. Principal Office Address         No. and Street:       85 I         City or Town:       SMI         6. Mailing Address of Line         Contact Name:       Contact Town:         No. and Street:       85 D         City or Town:       SMI         7. Name and Address of DO NOT LIST MEMBER	ss          DOUGLAS PIKE         ITHFIELD       State: R         nited Liability Company and Name         Title:         DOUGLAS PIKE         THFIELD       State: R         Each Manager of the Limited Liab         RS	or Title of Contact	Person: Country: <u>USA</u> oplicable.

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

WILLIAM A. GOSZ, ESQ. 1070 KINGSTOWN ROAD, BLDG. 9, SUITE 203 WAKEFIELD , RI 02879

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

**Signed this 21 Day of October, 2020 at 7:43:23 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 MICHAEL A GRIECO SR

Signature of Authorized Person

Form No. 632 Revised 09/07

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