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Date: 11/16/2020 4:00:00 PM RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island

**Department of State - Business Services Division** 

2020 NOV 16 A 9:31

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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.

| 1. Entity ID Number 001662246                                 |                    | Exact name of the Limited Liability Company     Heart & Home Property Solutions LLC                  |                                       |                         |                       |  |
|---|--------------------|--|---------------------------------------|-------------------------|-----------------------|--|
| 3. NAICS Code 531390  |                    | 4. Brief description of the character of business conducted in Rhode Island Real EState Investments. |                                       |                         |                       |  |
| 5. State of Formation<br>Rhode Island                         | The                | al Est   | ate In                                | Vest Me                 | N75.                  |  |
| 6 Principal Office Address                                    |                    |  | City                                  | State                   | Zıp                   |  |
| 177 Hope Furnance Road  |                    |  | Норе                                  | RI                      | 02831                 |  |
| 7. Mailing Address of Limited                                 | Liability Compar   | y and Name or Ti   | tle of Contact Person                 |                         |                       |  |
| Contact Name Robert A. Despres                                |                    |  | Contact Title General member          |                         |                       |  |
| Street Address 177 Hope Furnance Road                         |                    |  | City Hope                             | State RI                | Zip 02831             |  |
| 8. List ALL managers (names                                   |                    | ) of the Limited Lia   | ibility Company, IF APPLIC            | CABLE - DO NOT LIST I   | MEMBERS               |  |
| Manager Name Robert A. Desp                                   | ores               |  | Manager Name Janice M. Olivier        |                         |                       |  |
| Street Address 177 Hope Furnance Road                         |                    |  | Street Address 177 Hope Furnance Road |                         |                       |  |
| City Hope   | State RI           | Zip 02831  | City Hope                             | State RI                | Zip 02831             |  |
| Manager Name  |                    | <u>.                                      </u>   | Manager Name                          |                         |                       |  |
| Street Address  |                    |  | Street Address                        |                         |                       |  |
| City  | State              | Zip  | City                                  | State                   | Zıp                   |  |
|   |                    |  |                                       | Check the box to i      | ndicate an attachment |  |
| 9. The Resident Agent inform                                  | ation currently of | frecord with the R   | I Department of State is a            | ccurate. Changes requir | e filing Form 642.    |  |
| Under penalty of perjury, I (<br>statements, and that all sta |                    |  |                                       | ding any accompanyin    | g schedules and       |  |
| Name of Authonzed Person                                      |                    |  |                                       | Date                    |                       |  |
| Robert A. Despres   |                    |  |                                       | 1 11-1                  | 6-2020                |  |
| Signature of Authorized Pers                                  |                    |  | <u>-</u>                              |                         | · <u> </u>            |  |

MAIL TO:

**Division of Business Services** 

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

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FORM 632 - Revised: 08/2020