	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290 (401) 222-304	4-2615	
HOPE	× /		
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:	<u>2020</u>		
1. ID No. <u>001673424</u>			
2. Exact Name of the Limited Liability Company $178 LAUREL HILL LLC$			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS C			
-	ode that best describes the primary be information on <u>NAICS</u> can be found of the f		y the entity. Download
-			y the entity. Download
the list of codes <u>here.</u> More		online.	
the list of codes <u>here.</u> More	e information on <u>NAICS</u> can be found of e Character of the Business Which	online.	
the list of codes <u>here.</u> More <u>531110</u> 4. Brief Description of the	e information on <u>NAICS</u> can be found of e Character of the Business Which <u>RTY MANAGEMENT</u>	online.	
the list of codes <u>here.</u> More <u>531110</u> 4. Brief Description of the <u>REAL ESTATE PROPER</u> 5. Principal Office Addres	e information on <u>NAICS</u> can be found of e Character of the Business Which <u>RTY MANAGEMENT</u> ss	online.	
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the list of codes here. More <u>531110</u> 4. Brief Description of the REAL ESTATE PROPER 5. Principal Office Address No. and Street: 531 City or Town: MIL 6. Mailing Address of Lin Contact Name: LUCIAN I No. and Street: 531 E City or Town: MILT 7. Name and Address of	e information on <u>NAICS</u> can be found of e Character of the Business Which <u>RTY MANAGEMENT</u> ss <u>ELIOT STREET</u> <u>TON</u> State: <u>M</u> nited Liability Company and Name <u>MCPHERSON</u> Contact Title: <u>ELIOT STREET</u> <u>ON</u> State: <u>M</u> Each Manager of the Limited Liab	is Actually Conduct A Zip: 02186 or Title of Contact A Zip: 02186	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
the list of codes here. More <u>531110</u> 4. Brief Description of the REAL ESTATE PROPER 5. Principal Office Address No. and Street: <u>531</u> City or Town: <u>MIL</u> 6. Mailing Address of Line Contact Name: <u>LUCIAN I</u> No. and Street: <u>531 E</u> City or Town: <u>MILT</u> 7. Name and Address of DO NOT LIST MEMBER	e information on <u>NAICS</u> can be found of e Character of the Business Which <u>RTY MANAGEMENT</u> iss <u>ELIOT STREET</u> <u>TON</u> State: <u>Manager of the Limited Liab</u> Each Manager of the Limited Liab	is Actually Conduct A Zip: 02186 or Title of Contact A Zip: 02186 illity Company, if Ap Ad Address, City or Town,	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.

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

LUCIAN MCPHERSON 178 LAUREL HILL AVENUE PROVIDENCE, RI 02909

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

Signed this 24 Day of December, 2020 at 9:59:03 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 LUCIAN MCPHERSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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