	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	10	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00057278</u>	<u>L</u>		
2. Exact Name of the Li	mited Liability Company <u>665 HOI</u>	<u>'E STREET, LLC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		tity. Download
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
RESIDENTIAL APART	MENT RENTAL.		
5. Principal Office Addre	SS		
No. and Street: 665-	667 HOPE STREET		
		: <u>RI</u> Zip: <u>02906</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact No. and Street: 262	Title: LEE HOO RD.		
City or Town:		Zip: <u>03861</u> Coun	try: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab RS	ility Company, if Applicable	}.
Title	Individual Name	Address	
MANAOED	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	JANE D POULIN	4812 41ST ST WASHINGTON, DC 2001	
MANAGER	JANE D POULIN	262 LEE HOOK	RD.

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

MARC A. GREENFIELD, ESQ. <u>116 ORANGE STREET</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

Signed this 26 Day of January, 2021 at 10:12:06 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 JANE D POULIN Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved