	State of Rhode Office of the Secret)	Fee: \$50.00
	Division Of Busines			
	148 W. River S Providence RI 029			
lines	(401) 222-30			
HOPE				
Limited Liability Company				
Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing				
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-				
16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2021				
1. ID No. <u>001708491</u>				
2. Exact Name of the Limited Liability Company <u>HRT Research LLC</u>				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that hast describes the primery business conducted by the entity. Download				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>523110</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
RESEARCH AND DEVELOPMENT				
5. Principal Office Addre	255			
	C, 175 GREENWICH STREET			
City or Town: <u>NEW</u>	F <u>LOOR</u> YORK	State: <u>NY</u>	Zip: <u>10007</u> C	country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>HRT</u> Contact Title:				
No. and Street: <u>3 WTC, 175 GREENWICH STREET</u>				
76TH F		Stata: NIV	7in. 10007 0	ountry LICA
City or Town: <u>NEW Y</u>		Siale: <u>NY</u>	Zip: <u>10007</u> C	ounity: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Address	
	First, Middle, Last, Suffix	Address, Cit	ty or Town, State, Zip	Code, Country

PRASHANT LAL

3 WTC, 175 GREENWICH STREET, 76TH FLOOR

MANAGER

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 25 Day of August, 2021 at 10:46:23 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 <u>PRASHANT LAL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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