



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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. 000128875

2. Exact Name of the Limited Liability Company THE HOPELANDS FUND, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OWNING AND MANAGING REAL ESTATE FOR FAMILY INTERESTS.

5. Principal Office Address

No. and Street: 50 SOUTH MAIN STREET

SUITE 201

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JENNIFER M. OVERCASH Contact Title: FINANCE MANAGER

No. and Street: 50 SOUTH MAIN STREET. SUITE 201

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ELIZABETH ALEXANDER GODDARD	12 LEROY AVENUE NEWPORT, RI 02840 USA

MANAGER	KATHARINE ALEXANDER FIELD	428 THAMES STREET NEWPORT, RI 02840 USA
MANAGER	TOWNSEND GRIFFISS ALEXANDER	11557 CLARA BARTON DRIVE FAIRFAX STATION, VA 22039 USA
MANAGER	HOPE ALEXANDER GRISCOM	67 THAMES STREET NEWPORR, RI 02840 USA

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

ELIZABETH ALEXANDER GODDARD 50 SOUTH MAIN STREET PROVIDENCE , RI 02903

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

Signed this 16 Day of September, 2021 at 11:17:38 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 JENNIFER M. OVERCASH
Signature of Authorized Person

Form No. 632
Revised 09/07

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