



State of Rhode Island
Department of State - Business Services Division

FILED

SEP 22 2021

BY

1126
[Signature]

Annual Report for the year: **2021**

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 001663631		2. Exact name of the Limited Liability Company HND, LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Real estate holding company			
5. State of Formation Rhode Island					
6. Principal Office Address 2 Williams Street		City Providence		State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James A. Schiff			Contact Title		
Street Address 2 Williams Street			City Providence	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name James A. Schiff			Manager Name		
Street Address 2 Williams Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person JAMES SCHIFF				Date 9/14/21	
Signature of Authorized Person <i>James Schiff</i>					

9.28

MAIL TO:

Division of Business Services
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