RI SOS Filing Number: 202102568370 Date: 9/29/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company
000504133	**Haley's LLC**
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island Acquire, own, hold, sell, lease, develop and mangage real property
5. State of Formation RI	

6. Principal Office Address	City	State	Zip
44 Austin Drive	Cumberland	RI	02864

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

Contact Name	Contact Title			
Michael Menard				
Street Address	City	State	Zip	
~~44 Austin Drive~~ 38 Reservoir Road	Cumberland	RI	02864	

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attac

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules an statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
Michael Menard	✓ 9-26-21

Signature of Authorized Person
✓ [signature]

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615