



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.

FILED  
SEP 29 2021  
BY 1330  
DS

1. Entity ID Number <b>000504133</b>		2. Exact name of the Limited Liability Company <b>Haley's LLC</b>			
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 44 Austin Drive			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael Menard			Contact Title		
Street Address <del>44 Austin Drive</del> 38 Reservoir Road			City Cumberland	State RI	Zip 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					
<b>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.</b>					
Name of Authorized Person Michael Menard				Date ✓ 9-26-21	
Signature of Authorized Person ✓					

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