

RI SOS Filing Number: 202102741430 Date: 10/5/2021 4:00:00 PM

State of Rhode Island
Department of State – Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2021 OCT -5 AM 11: 04

Filing Period: September 1 - November 1

■ Filing Fee: \$50.00

Division of Business Services

Phone: 401.222.3040 Website: www.sos.ri.gov

148 W. River Street, Providence, RI 02904-2615

■ Penalty: Additional \$25.00 fee if form is not filed by December 1

I. Entity ID No. 001065993		2. Exact name of the Limited Liability Company Hannon 9. Accominates 1.1.C					
53110	4. Brief descr	Hannon & Associates, LLC 4. Brief description of the character of husiness conducted in Rhode Island To purchase, hold, develop, rent and sell real estate.					
State of Formation Rhode Island							
6. Principal Office Addres 65 Burbank Road			Sutton		State MA	^{Zip} 01590	
7. Mailing Address of	Limited Liability Co.	mpany and Name or	Title of Contact Person			· · · · · · · · · · · · · · · · · ·	
homas J. Hannon			/				
Greet Address 55 Burbank Road		•					
iny Sutton	State MA	2 <i>ip</i> 01590		-		- -	
Member Name	· · · · · · · · · · · · · · · · · · ·		·				
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l list All managers	(names and addeesses	of the Limited Light	lity Company. 1F APPLICAB	· · · · · · · · · · · · · · · · · · ·	MREDS		
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fanager Name 			Manager Name				
Iran Addison		-	Street Address				
inv .	State	Zip !	City	State	Zip		
fanager Name		<u> </u>	Manager Name	1	L		
Street Address			Street Address				
Зиу	State	Ζιρ	Cuy	State	Zip		
				Check the bo.	x to indicate a	attachment	
	ENT IN RHODE ISL						
his information is curi	rently of record in the (Office of the Secretary	y of State. Changes require fili	ng of Form 642			
nder penalty of perjury ontained herein are true	y, I declare and affirm	that I have examined	this report, including any acco	ompanying schedules and	d statements, a	nd that all statemen	
				a-13-2	١		
Signature of Authorized	Person		en ED	Date	1		
Thomas J. Hanr	non		FILED				
Name of Authorized			OGT 0 5 2021				
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AAIL TO:			// // // / / / / / / / / / / / / / / /				