



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

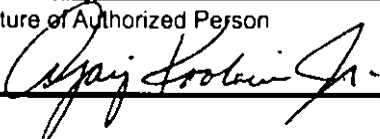
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>160172</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>799 Hope Street Associates, LLC</b>                                 |                                 |                         |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management and leasing</b> |                                 |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                 |                                                                                                                          |                                 |                         |                     |
| 6. Principal Office Address<br><b>143 Smithfield Road</b>                                                                                                                                                   |                 |                                                                                                                          | City<br><b>North Providence</b> | State<br><b>RI</b>      | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                          |                                 |                         |                     |
| Contact Name <b>Azarig Kooloian Jr.</b>                                                                                                                                                                     |                 |                                                                                                                          | Contact Title <b>Manager</b>    |                         |                     |
| Street Address <b>6 Palou Drive</b>                                                                                                                                                                         |                 |                                                                                                                          | City <b>North Providence</b>    | State <b>RI</b>         | Zip <b>02904</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                          |                                 |                         |                     |
| Manager Name <b>Azarig Kooloian Jr.</b>                                                                                                                                                                     |                 |                                                                                                                          | Manager Name                    |                         |                     |
| Street Address <b>6 Palou Drive</b>                                                                                                                                                                         |                 |                                                                                                                          | Street Address                  |                         |                     |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02904</b>                                                                                                         | 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.                                                                         |                 |                                                                                                                          |                                 |                         |                     |
| <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<br><b>Azarig Kooloian Jr.</b>                                                                                                                                                     |                 |                                                                                                                          |                                 | Date<br><b>10/08/21</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                                          |                                 |                         |                     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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