



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.

OCT 18 2021

BY

| | | | |
|--|-------|---|--------------------|
| 1. Entity ID Number 001705991 | | 2. Exact name of the Limited Liability Company H & S Ocean State LLC | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island Real estate investor, short/long term rentals | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 43 Oak Ave | | City Larchmont | State NY |
| | | Zip 10538 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name William Shen | | Contact Title Mr. | |
| Street Address 43 Oak Ave | | City Larchmont | State NY |
| | | Zip 10538 | |
| 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 | City | State |
| Zip | | Zip | |
| Manager Name | | M | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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. | | | |
| 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. | | | |
| Name of Authorized Person William Shen | | Date 10/12/2021 | |
| Signature of Authorized Person William Shen | | | |

MAIL TO:

Division of Business Services

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