



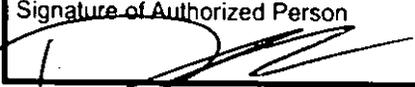
State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2022
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number 001664668 | | 2. Exact name of the Limited Liability Company Hope Recovery Support LLC | |
| 3. NAICS Code 624229 | | 4. Brief description of the character of business conducted in Rhode Island We provide sober living for recovering alcoholics and addicts | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 8 Nicole Lane | | City Johnston | State RI |
| | | Zip 02919 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Derek Therien | | Contact Title Director | |
| Street Address 8 Nicole Lane | | City Johnston | State RI |
| | | Zip 02919 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person Derek Therien | | Date 02/10/2022 | |
| Signature of Authorized Person  | | | |

FILED

FEB 16 2022

Handwritten number: 0290852

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov