



State of Rhode Island

Department of State - Business Services Division

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2020

2022 AUG 12 AM 10:36

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.

 RECEIVED STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2022 SEP - 8 PM 10:59

| | | | | | |
|--|-------|--|----------------------------------|----------------|--------------|
| 1. Entity ID Number 001687522 | | 2. Exact name of the Limited Liability Company H & W PROPERTIES, LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE OWNERSHIP AND RENTALS | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 2 AMEY STREET 2 Amy Drive | | | City CRANSTON | State RI | Zip 02921 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name HELENA CHMIELINSKI | | | Contact Title MANAGING MEMBER | | |
| Street Address 2 AMEY STREET 2 Amy Drive | | | City CRANSTON | State RI | Zip 02921 |
| 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 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 HELENA CHMIELINSKI | | | | Date 5/9/22 | |
| Signature of Authorized Person Helena Chmielinski | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 26 2022

BY: OSZEY

3:30