RI SOS Filing Number: 202326944730 Date: 1/30/2023 4:00:00 PM



State of Rhode Island

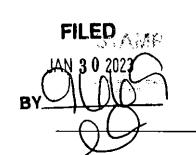
## Department of State - Business Services Division

Annual Report for the year: 2023 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 1740023                        | 2. Exact name of the Limited Liability Company Hall, Fountain & Empire, LLC                                 |                                 |                     |                      |
|--|---|---------------------------------|---------------------|----------------------|
| 3. NAICS Code<br>531311                            | Brief description of the character of business conducted in Rhode Island     Real Estate Commercial Renting |                                 |                     |                      |
| 5. State of Formation<br>Rhode Island              |   |                                 |                     |                      |
| 6. Principal Office Address<br>186 Fountain Street | •   | City<br>Providence              | State<br>RI         | Zip<br>02903         |
| 7. Mailing Address of Limite                       | ed Liability Company and Name or Title  | of Contact Person               | <del></del>         |                      |
| Contact Name Joshua Miller                         |   | Contact Title Operating Manager |                     |                      |
| Street Address 186 Fountain Street                 |   | City Providence                 | State RI            | <sup>Zıp</sup> 02903 |
| 8. The Resident Agent infor                        | mation currently of record with the RI D  | epartment of State is accur-    | ate. Changes requir | e filing Form 642.   |
| Under penalty of perjury,                          | I declare and affirm that I have exam<br>tatements contained herein are true                                | ined this report, including     |                     |                      |
| Name of Authorized Person<br>Joshua Miller         |   |                                 | Date 1 2 4   2 3    |                      |
| Signature of Authorized Pe                         | rson Jelle (H   | _                               | · · ·               |                      |
|  |   |                                 |                     | <del></del> -        |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov