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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **Limited Liability Company**

FEB 0 2 2023 42200 OL

→ 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 487145	· · ·	2 Exact name of the Limited Liability Company Hardig Brook Village RIH, LLC			
3. NAICS Code 531110 5. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Low income elderly housing rental			
6. Principal Office Address c/o 500 Exchange Street, Ste 9-100		City Providence	State RI	Zip 02903	
7. Mailing Address of Limite	d Liability Company and Name	e or Title of Contact Person	<u></u>		
Contact Name Michael Hennessey		Contact Title Member			
Street Address c/o 223 Rumstick Road		City Barrington	State RI	^{Z₁p} 02806	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accur	rate. Changes require	e filing Form 642.	
Under penalty of perjury, statements, and that all s	l declare and affirm that I ha tatements contained herein	ve examined this report, including are true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person William R. Landry			Date 1/23/23		
Signature of Authorized Per	lue				

MAIL TO:

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