| Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by | | | | |
|--|---|------------------------------------|---------------------|--|
| 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | Fee: \$50.00 | |
| Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 1. ID No. 001711054 2. Exact Name of the Limited Liability Company Neptune's Hope, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO ENGAGE IN THE MANAGEMENT OF REAL ESTATE AND ALL ACTIVITIES NCIDENTAL THERETO. 5. Principal Office Address No. and Street: 3005 WEST GROVE PLACE City or Town: GIBSONIA State: PA Zip: 15044 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3005 WEST GROVE PLACE | Division Of Bu | siness Services | | |
| (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(b), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 1. ID No. 0017111054 2. Exact Name of the Limited Liability Company Neptune's Hope, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531330 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO ENGAGE IN THE MANAGEMENT OF REAL ESTATE AND ALL ACTIVITIES INCIDENTAL THERETO. 5. Principal Office Address No. and Street: 3005 WEST GROVE PLACE City or Town: GIBSONIA State: PA Zip: 15044 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 3005 WEST GROVE PLACE | 148 W. Ri | ver Street | | |
| Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d)) is subject to a penalty fee of \$25:00 ANNUAL REPORT YEAR: 2023 1. ID No. 001711054 2. Exact Name of the Limited Liability Company Neptune's Hope, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO ENGAGE IN THE MANAGEMENT OF REAL ESTATE AND ALL ACTIVITIES INCIDENTAL THERETO, 5. Principal Office Address No. and Street: 3005 WEST GROVE PLACE City or Town: GIBSONIA State: PA Zip: 15044 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3005 WEST GROVE PLACE | Providence R | 02904-2615 | | |
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| Contact Name: Contact Title: No. and Street: <u>3005 WEST GROVE PLACE</u> | | State: <u>PA</u> Zip: <u>15044</u> | Country: <u>USA</u> | |
| No. and Street: <u>3005 WEST GROVE PLACE</u> | 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| No. and Street: <u>3005 WEST GROVE PLACE</u> | Contact Name: Contact Title: | | | |
| | | | | |
| | | State: <u>PA</u> Zip: <u>15044</u> | Country: USA | |
| | | | | |

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER BRENT REGAN, ESQ. 130 BELLEVUE AVENUE NEWPORT, RI 02840

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of February, 2023 at 1:56:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PETER BRENT REGAN, ESQ.

Signature of Authorized Person

Form No. 632 Revised 09/07

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