



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**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.

**FILED STAMP**  
 FEB 22 2023  
 BY *[Signature]*

|   |  |   |                |                               |                          |                    |                     |
|---|--|---|----------------|-------------------------------|--------------------------|--------------------|---------------------|
| 1. Entity ID Number<br><b>736030</b>  |  | 2. Exact name of the Limited Liability Company<br><b>HSD Associates, LLC</b>                      |                |                               |                          |                    |                     |
| 3. NAICS Code<br><b>531311</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>real estate</b> |                |                               |                          |                    |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                |                               |                          |                    |                     |
| 6. Principal Office Address<br><b>300 Centerville Road, Suite 300 West</b>  |  |   |                | City<br><b>Warwick</b>        |                          | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                |                               |                          |                    |                     |
| Contact Name <b>Sanford J. Resnick</b>  |  |   |                | Contact Title <b>Attorney</b> |                          |                    |                     |
| Street Address <b>300 Centerville Road, Suite 300 West</b>  |  |   |                | City <b>Warwick</b>           |                          | State <b>RI</b>    | Zip <b>02886</b>    |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |  |   |                |                               |                          |                    |                     |
| <b>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.</b> |  |   |                |                               |                          |                    |                     |
| Name of Authorized Person<br><b>Sanford J. Resnick</b>  |  |   |                |                               | Date<br><b>2/15/2023</b> |                    |                     |
| Signature of Authorized Person<br><i>[Signature]</i>  |  |   |                |                               | SIGN DOCUMENT HERE       |                    |                     |

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