



State of Rhode Island  
**Department of State - Business Services Division**

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

**FEB 27 2023 STAMP**

1309 OR  
 DEPARTMENT OF STATE  
 USE ONLY

- 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<br><b>001680652</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Hermance Associates, LLC</b>   |                        |                     |
| 3. NAICS Code<br><b>812199</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>To invest in and manage real estate</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>  |  |   |                        |                     |
| 6. Principal Office Address<br><b>896 Hope Street</b>   |  | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02906</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                        |                     |
| Contact Name <b>Travis J. Hermance</b>  |  | Contact Title <b>Member</b>   |                        |                     |
| Street Address <b>896 Hope Street</b>   |  | City <b>Providence</b>  | State <b>RI</b>        | Zip <b>02906</b>    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. 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>Travis J. Hermance</b>  |  |   | Date<br><b>2/23/23</b> |                     |
| Signature of Authorized Person<br>  |  |   |                        |                     |

**MAIL TO:**  
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