



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.

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BUS. SVCS DIV.  
SECRETARY'S OFFICE  
NOT ONLY

2023 MAY -1 A 10:00

|                                                                                                                                                                                                      |  |                                                                                                |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>001704495                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br>HGH Homes, LLC                               |                             |
| 3. NAICS Code<br>531110                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br>own real estate |                             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |  |                                                                                                |                             |
| 6. Principal Office Address<br>233 Widow Sweets Road                                                                                                                                                 |  | City<br>Exeter                                                                                 | State<br>RI<br>Zip<br>02822 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |  |                                                                                                |                             |
| Contact Name<br>Kevin Brennan                                                                                                                                                                        |  | Contact Title<br>member                                                                        |                             |
| Street Address<br>233 Widow Sweets Road                                                                                                                                                              |  | City<br>Exeter                                                                                 | State<br>RI<br>Zip<br>02822 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |  |                                                                                                |                             |
| 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. |  |                                                                                                |                             |
| Name of Authorized Person<br>Kevin Brennan                                                                                                                                                           |  | Date<br>4/20/2023                                                                              |                             |
| Signature of Authorized Person<br><i>Kevin Brennan</i>                                                                                                                                               |  |                                                                                                |                             |

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02804-2615

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MAY 01 2023

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