

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

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

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→ 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001736332	Hostability LLC				
3. NAICS Code 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island CONSULTING AGENCY FOR SHORT TERM RENTAL OWNERS.				
6. Principal Office Address 289 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limited Lia	ability Company and Name or I	Title of Contact Person			
Contact Name DANIELLE ALBA		Contact Title MEMBER			
Street Address 289 NORTH MAIN STREET		City Providence	State RI	^{Zip} 02903	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.			Date	Date	
Name of Authorized Person DANIELLE ALBA			1/4/2024		
Signature of Authorized Person 151 Danielle Al	ba by Alici	nes Bianco, Es	54		

MAIL TO:

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A.A. 3:45 pm.