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

Annual Report for the year: 2024

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. | | | | | |
|---|--|--|-----------------------|----------------------|--|
| 1. Entity ID Number 001763827 | 2. Exact name of the Limited Liability Company Hooterville, LLC | | | BSD 1:54:08 | |
| 3. NAICS Code 531390 | Brief description of the character of business conducted in Rhode Island hold and manage real estate | | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 20 Chartier Circle | | City Newport | State RI | Zip 02840 | |
| 7. Mailing Address of Limite | ed Liability Company and Nam | ne or Title of Contact Person | , | | |
| Contact Name Jerome R. Kirby, III | | Contact Title Manager | | | |
| Street Address 20 Chartier Circle | | City Newport | State RI | Zip 02840 | |
| 8. The Resident Agent Infor | mation currently of record with | h the RI Department of State is a | ccurate. Changes requ | ire filing Form 642. | |
| Under penalty of perjury, statements, and that all s | i declare and affirm that i ha tatements contained herein | eve examined this report, includes are true and correct. | ding any accompanyl | ng schedules and | |
| Name of Authorized Person Jerome R. Kirby, III | | | Date | | |
| Signature of Authorized Per | rson | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 3 0 2024 BY 105