

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.

FEB 1 2	2024AMP
222	Or STATE

1. Entity ID Number		2. Exact name of the Limited Liability Company				
000129360	1199 Hope Street,	1199 Hope Street, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Real estate rentals					
5. State of Formation Rhode Island				-		
6. Principal Office Address		City	State	Zip		
443 Hope Street		Bristol	RI	02809		
7. Mailing Address of Limite	d Liability Company and Name or Ti	tle of Contact Person	 			
Contact Name John G. Rego		Contact Title Manager				
Street Address 443 Hope Street		City Bristol	State RI	^{Zıp} 02809		
8. The Resident Agent infor	mation currently of record with the R	I Department of State is acc	curate. Changes require	filing Form 642.		
	y, I declare and affirm that I have e atements contained herein are tru		iding any accompany	ing schedules and		
Name of Authorized Person John G. Rego		Date 2/8/24				
Signature of Authorized Per	Son Reg					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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