RI SOS Filing Number: 202446658090 Date: 2/14/2024 4:00:00 PM



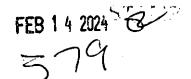
State of Rhode Island Department of State - Business Services Division

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 | 2. Exact name of the Limited Liability Company | | | |
|-------------------------------------|--|------------------------------|--|----------------------|
| 000485776 | HAAPIS, LLC | | | |
| 3. NAICS Code 531390 | 4. Brief description of the character of business conducted in Rhode Island TO OWN, RENT AND SELL REAL ESTATE AND FOR ANY OTHER LAWFUL PURPOSE | | | |
| 5. State of Formation RHODE ISLAND | | | | |
| 6. Principal Office Address | City | | State | Zip |
| P.O. BOX 1907 | | ST GREENWICH | RI | 02818 |
| 7. Mailing Address of Limited | Liability Company and Name or Title of Co | intact Person | <u>. </u> | |
| Contact Name CHRISTINE REDFERN | | Contact Title MANAGER | | |
| Street Address P.O. BOX 1907 | | EAST GREENWICH | State RI | ^{Zip} 02818 |
| 8. The Resident Agent inform | nation currently of record with the RI Depart | ment of State is accurate. C | nanges require f | iling Form 642. |
| | , I declare and affirm that I have examine Itements contained herein are true and c | | y accompanyin | g schedules and |
| Name of Authorized Person HAPPISLLC | | | Date | |
| CHRISTINE REDFER | RNINGT | | 2/8 | 124 |
| Signature of Authorized Pers | Mar | | , | |

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov