RI SOS Filing Number: 202448945260 Date: 3/14/2024 4:00:00 PM

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ode Island

ent 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.

Entity ID Number	2. Exact name of the Limited Liability Company				
487145	Hardig Brook Village RIH, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
	4. Brief description of the character of business conducted in Knode Island				
531110	Low income elderly housing rental				
5. State of Formation]				
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
c/o 500 Exchange Street, Ste 9-100		Providence	RI	02903	
7. Mailing Address of Limited Lia	ability Company and Name o				
Contact Name Michael Henn	ntact Name Michael Hennessey Contact Title Memb		er		
Street Address c/o 223 Rumstick Road		^{City} Barrington	State RI	^{Z_ip} 02806	
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		Date			
William R. Landry		3/11/24			
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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