

Annual Report for the year:  $\frac{2024}{}$ **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.

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4	2917	00

Signature of Authorized Pe	rson					
William R. Landry			3/11/24			
Name of Authorized Person			Date			
	I declare and affirm that I hav tatements contained herein a	ve examined this report, including are true and correct.		g schedules and		
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accur	rate. Changes require	e filing Form 642.		
Street Address c/o 223 Rumstick Road		City Barrington	State RI	<sup>Z<sub>ip</sub></sup> 02806		
Contact Name Michael Hennessey		Contact Tille Member				
<del>-</del>	ed Liability Company and Name					
c/o 500 Exchange Street, Ste 9-100		Providence	RI	02903		
6. Principal Office Address		City	State	Zip		
5. State of Formation Rhode Island						
531110	Low income elder	Low income elderly housing rental				
3. NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island				
487145	Hardig Brook V	Hardig Brook Village RIH, LLC				
Entity ID Number	t e	2. Exact name of the Limited Liability Company				

MAIL TO:

**Division of Business Services** 

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

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