State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

APR 1 5 2024

→	Filing	period:	February	1	Mav	1
•	9	P4.144.	,	•		•

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

				<u> </u>			
1. Entity ID Number	2. Exact name of the Limited Liability Company						
001661719	Hog Island House Jacobs, LLC						
3. NAICS Code 5000000000000000000000000000000000000	Brief description of the character of business conducted in Rhode Island Summer Cottage rental						
5. State of Formation	1						
RI							
6. Principal Office Address		City	State	Zip			
69 Harbor View		Portsmouth	RI	02871			
7 Mailing Address of Limited Lie	bility Company and Name or Ti	tle of Contact Person					
Contact Name Allyson Gottsman		Contact Title Managing partner					
Street Address 2327 Wieler F	Rd	City Evergreen	State CO	^{Žip} 80439			
8. The Resident Agent information	on currently of record with the R	_	rate Changes require	filing Form 642.			
9. Under penalty of perjury, I distance statements, and that all statements.	leclare and affirm that I have one transfer are transfer are transfer.	examined this report, includue and correct.	ling any accompany	ing schedules and			
Name of Authorized Person	Date						
Allyson Gottsman		4/6/2024					
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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