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## State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

FGK SUSPERMENT DESCRIP

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		<u> </u>
000506 336	HCL Capital, LLC			
3. NAICS Code 53/// 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island  Legi Egitate - auto			
6. Principal Office Address 75 LLIFF DA		Narragansett	State RT	Zip 02872
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Charles L. White		Contact Title  Owner		
Street Address 75 CLIFI- DN		chy Darragansett	State	Zip 0 2872
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Charles L. White			Date 4/9/25	
Signature of Authorized Person				

FILED

MAIL TO:

**Division of Business Services** 

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

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