

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

STAMP

Annual Report for the year: 2025**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			
000506 336	HCL Capital, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Real Estate - auto			
5. State of Formation	1			
RI				
6. Principal Office Address		City	State	Zip
75 WIFF DR		Narragansett	RI	02872
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Charles L. White		Contact Title		
		OWNER  City  Darragansett State  ZID  02872		
Street Address 75 CLIFI- DN		Chy Nacragansett	State /2	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			Date / /	
Charles L. White			4/9/25	
Signature of Authorized Physion				

FILED

APR 0 9 2025

MAIL TO:

**Division of Business Services** 

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

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