State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2025
Limited Liability Company	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$2	25.00 fee if form is not filed	by May 31.			
1, Entity ID Number	2. Exact name of the	2. Exact name of the Limited Liability Company			
788969	HIF LLC	HIF LLC			
3. NAICS Code	4. Brief description of	4. Brief description of the character of business conducted in Rhode Island			
531110	To acquire, own, leas	To acquire, own, lease and/or otherwise deal with certain real estate			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip ···	
16 Charlesden Park		Newton	MA	02460	
7. Mailing Address of Limite	ed Liability Company and Na	me or Title of Contact Person	-		
Contact Name John A. Dix		Contact Title			
Street Address 16 Charlesden Park		City Newton	State MA	Z ^{ip} 02460	
8. The Resident Agent info	rmation currently of record w	ith the RI Department of State is ac	curate. Changes require	filing Form 642.	
	l declare and affirm that li tatements contained herei	have examined this report, includ n are true and correct.	ling any accompanying	g schedules and	
Name of Authorized Person			Date ,		

MAIL TO:

John A. Dix

Signature of Authorized Person

Division of Business Services

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

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

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