



STATE OF RHODE ISLAND AND  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

**2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

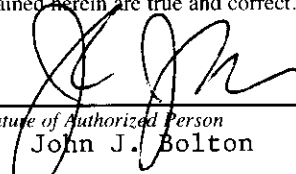
1. ID No. <b>128938</b>		2. Exact name of the limited liability company <b>622 Hope Street, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PURPOSE OF ENGAGING IN ANY BUSINESS WHICH A LIMITED PARTNERSHIP MAY CARRY ON EXCEPT THE PROVISION OF PROFESSIONAL SERVICES.</b>			
5. Principal office address <b>66 Cole Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Roi Raz</b>			Contact Title <b>Member</b>		
Street Address <b>66 Cole Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JOHN J. BOLTON</b>			Address		
Address <b>1500 FLEET CENTER</b>		City <b>PROVIDENCE</b>		Zip <b>02903-</b>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<b>11/17/05</b>	*128938*
Check No.	<b>172942</b>	
By:	<b>OA</b>	
FOR SECRETARY OF STATE USE ONLY		

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.

  
Signature of Authorized Person  
**John J. Bolton**

**9/19/05**  
Date

Print or Type Name of Authorized Person