| State of Rhode Island a  | nd Providence P   | lantations |                   |                   |                     |
|--|---|------------|-------------------|-------------------|---------------------|
| Department of State - Business Services Division   |   |            |                   |                   | 2017                |
| Annual Report for the year:  |   |            |                   |                   |                     |
| Limited Liability Company  |   |            |                   |                   | <u> </u>            |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00  |   |            |                   |                   | 25. Bala            |
| → Penalty: Additional \$25.00 fee if form is not filed by December 1.  |   |            |                   |                   |                     |
|  |   |            |                   |                   | · s d               |
| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                              |            |                   |                   | 7                   |
| 521926   | HIJOKE, LLC   |            |                   |                   |                     |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |            |                   |                   |                     |
|  | PULLBURIASING, LEASING, SALL OF PEAR @ SHATE AND AMY                        |            |                   |                   |                     |
| 5. State of Formation  | OHIELLANGFUL DURDOSE  |            |                   |                   |                     |
| RHOUE JSLAMO   | OFFICE  | CALCACT    | 1)Cchile 2        |                   |                     |
| 6. Principal Office Address  |   |            | City              | State             | Zip                 |
| 21 JANGUSTRIAL DRIVE   |   |            | SMITHFIELD        | 177               | 02917               |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |            |                   |                   |                     |
| Contact Name   |   |            |                   |                   |                     |
| JOSEPH A. SOUSA  |   |            | MEMBER            | Ta                |                     |
| Street Address 2 1 2 NOUSTRUAL DRIVE   |   |            | City SM 17+(F/FL) | State 2           | Zip 07917           |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |            |                   |                   |                     |
| 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                 |
|  | ·   |            | Che               | ck the box to ind | icate an attachment |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |   |            |                   |                   |                     |
| 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   |   |            |                   |                   |                     |
| JOSEPH A SOUSA .   |   |            |                   |                   |                     |
| Signature of Authorized Person   |   |            |                   |                   |                     |
|  |   |            |                   |                   |                     |

## MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 13 2017
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