RI SOS Filing Number: 201923978410 Date: 10/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: \_2019

**Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000118275		2. Exact name of the Limited Liability Company HopeDale Group, LLC				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
531311	To acquire	To acquire real property and any interest therein, to manage, develop, transfer or sell				
5. State of Formation RI	same	same				
6. Principal Office Address			City	State	Zip	
29 Wild Goose Lane			Narragansett	RI	02882	
7. Mailing Address of Limite	d Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name Lawrence Carlson			Contact Title Manager			
Street Address 29 Wild Goose Lane			City Narragansett	State RI	<sup>Zip</sup> 02882	
		of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name Lawrence Carlson			Manager Name			
Street Address 29 Wild Goose Lane			Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment [	
9 Resident Agent in Rhode	Island. This informa	tion is currently of re	cord with the Department of State	. Changes require filir	ng Form 642.	
Under penalty of perjury, i statements, and that all st	l declare and affir latements contain	m that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Lawrence Carlson				9	.21.19	
Signature of Authorized Per	son TCQ	Justign Di	OCUMENT HERE			

MAIL TO:

**Division of Business Services** 

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

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

BY.

FORM 632 - Revised: 08/2017