

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

K.I.G.L. /-10-00 (D&C)	i) is subject to	o a penaity jee of \$25.00.						
1. ID No.	2. Exact r	Exact name of the limited liability company						
73145		e's Hill Realty LLC						
3 State of Formation		4. Brief description of the	character of the business whic	h is actually conducted in Rhode Island	/			
RHODE ISLAND OWN, MANAGE, BUILD UPON & LEASE RE								
5. Principal office address				City:	State		Zip	
144 Westminster Street			Providence	RI		02903		
6. MAILING ADDR	RESS OF LI	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Contact Name				Contact Title				
William J. Piccerelli								
Street Address			City	State		Zip		
144 Westminster Street				Providence	RI		02903	
7. NAME AND AD	DRESS OF	EACH MANAGER O	F THE LIMITED LIABII	LITY COMPANY, IF APPLICA	LE - DO N	OT LIST N	<u> 1EMBERS</u>	
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)			
Manager Name			Manager Name					
·								
Street Address				Street Address				
City		State	Zψ	City	State		Zip	
					l			
Manager Name				Manager Name				
Street Address				Street Address				
					,			
City		State	Ζip	СПу	State		Zip	
	ENT IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11		
Agent Name				Address				
MICHAEL A. DESIS	TO, ESQ.					I		
Address				City		Zip		
211 ANGELL STREET				PROVIDENCE		02906		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements				
0 = . =	contained herein are true and correct.				
File Date 4.5.07	Jun OD 11 Sticks				
Check No. 286/	Signature of Authorized Person Date				
1/10/	Signature of Authorized Person Date				
Ву:	William J. Piccerelli				
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person				