



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

| | | | |
|---|-----------------------|--|-----------------------|
| 1. ID No. 110351 | | 2. Exact name of the limited liability company Hopkins Hill Road Realty, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate | |
| 5. Principal office address 273 Great Road | | City North Smithfield | State Rhode Island |
| | | Zip 02896 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Roland M. Boucher | | Contact Title | |
| Street Address 273 Great Road | | City North Smithfield | State Rhode Island |
| | | Zip 02896 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name Farmington Investment Group, LLC | | Manager Name | |
| Street Address c/o Roland M. Boucher, 273 Great Road | | Street Address | |
| City North Smithfield | State Rhode Island | City | State |
| Zip 02896 | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | 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 Jon A. Mills | | Address 222 Jefferson Blvd. | |
| Address Campanella & Mills, Ltd. | | City Warwick | Zip 02888 |

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

110351

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|---------------------------------|----------------|
| FILED | |
| File Date | SEP 13 2007 |
| Check No. | BY 031695 8:32 |
| By: | |
| 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

Stephen A. Cardi

Print or Type Name of Authorized Person