



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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

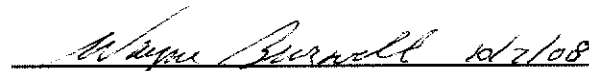
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 151237		2. Exact name of the limited liability company 10 Hill Top, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Management of real estate			
5. Principal office address c/o Parasearch; 222 Jefferson Boulevard, Suite 200			City Warwick	State Rhode Island	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Wayne Burwell			Contact Title Manager		
Street Address 903 Augusta Pointe Drive			City Palm Beach Gardens	State Florida	Zip 33418
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) ☐					
Manager Name Wayne Burwell			Manager Name Dorothy Burwell		
Street Address 903 Augusta Pointe Drive			Street Address 903 Augusta Pointe Drive		
City Palm Beach Gardens	State Florida	Zip 33418	City Palm Beach Gardens	State Florida	Zip 33418
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

151237

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 Date

Wayne Burwell, Manager
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 08 2008
By	11/08
FOR SECRETARY OF STATE USE ONLY	