



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
401.222.3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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. 122277		2. Exact name of the limited liability company LIBERTY HILL PROFESSIONAL PARK, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Development and management of commercial office complex			
5. Principal office address 15 Sheffield Hill Road			City Exeter	State RI	Zip 02822
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel R. Cotta			Contact Title Manager		
Street Address 15 Sheffield Hill Road			City Exeter	State RI	Zip 02822
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 Daniel R. Cotta			Manager Name		
Street Address 15 Sheffield Hill Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 DONALD M. GREGORY II, ESQ.			Address		
Address 20 Oakdale Road			City North Kingstown	Zip 02852	

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

122277

FILED	
File Date	OCT 20 2008
Check No.	By 248
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 Date 10/17/08

Daniel R. Cotta

Print or Type Name of Authorized Person