



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

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. <u>161100</u>		2. Exact name of the limited liability company <u>Rocky Hill Estates LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>REAL ESTATE DEVELOPMENT</u>			
5. Principal office address <u>15 SCHOOL STREET</u>		City <u>ALBION</u>	State <u>RI</u>	Zip <u>02802</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>P.O. Box 204</u>		Contact Title <u>Adam Rudzik</u>			
Street Address <u>15 SCHOOL STREET</u>		City <u>ALBION</u>	State <u>RI</u>	Zip <u>02802</u>	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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 <u>GLENN ANDREONI INC</u>			Address		
Address <u>640 George Washington Highway</u>			City <u>LINCOLN RI</u>	Zip <u>02861</u>	

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, contained herein are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date	FILED
Check No.	AUG 03 2009
By:	<u>By [Signature]</u>
FOR SECRETARY OF STATE USE ONLY	