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 2009

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.	2. Exact name of the limited liability company
161100	Rocky Hill ESTATES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
R.I.	REAL ESTATE DEVELOPMENT

5. Principal office address	City	State	Zip
15 SCHOOL STREET	ALBION	RI	02802

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
P.O. BOX 204	ADAM RUDZIK

Street Address	City	State	Zip
15 SCHOOL STREET	ALBION	RI	02802

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	Address
GLENN ANDREOZZI INC	
Address	City / Zip
640 GEORGE WASHINGTON HIGHWAY	LINCOLN RI 02865

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CORPORATIONS DIV

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

[redacted]

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* 8-3-09

[redacted]

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY	
File Date	FILED
Check No.	AUG 03 2009
By:	By

Form 632 Rev. 07/07