



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. 305628		2. Exact name of the limited liability company Town Hill Plaza, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial Rental Property	
5. Principal office address 1517 Atwood Avenue		City Johnston	State R.I.
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dolores Parrillo		Contact Title Manager	
Street Address 1517 Atwood Avenue		City Johnston	State R.I.
		Zip 02919	
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 Dolores Parrillo		Manager Name	
Street Address 1517 Atwood Avenue		Street Address	
City Johnston	State R.I.	City	State
	Zip 02919		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 Dolores Parrillo		Address	
Address 1517 Atwood Avenue		City Johnston, R.I.	Zip 02919

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

File Date 9-22-09
Check No. 1251
By: MNC

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.

Dolores Parrillo 07/16/09
Signature of Authorized Person Date

Dolores Parrillo
Print or Type Name of Authorized Person