

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* - 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. 156487	2. Exact name of the limited Oak Hill Realty, LL	t name of the limited liability company Hill Realty, LLC				
3. State of Formation Rhode Island 4. Brief description of the character of the business we Real Estate			usiness which is actually conducted in I	bich is actually conducted in Rhode Island		
5. Principal office address 31 Oakdale Avenue			<i>City</i> Johnston	State Pl	^{Zip} 02919	
6. MAILING ADDRI Contact Name Domenic Cassisi	ESS OF LIMITED LIABI	LITY COMPANY ANI	O NAME OR TITLE OF CONTA	ACT PERSON:		
Street Address 31 Oakdale Avenue			city Johnston	State RI	^{Zip} 02919	
7. NAME AND ADD			D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BO)			
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary	of State. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11	

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

File Date	9-23-09
Check No.	1191
Ву:	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.

Doner Corr 9.3.04
Signature of Authorized Person Date

Domenic Cassisi

Print or Type Name of Authorized Person