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* • **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.	2. Exact name of the limited liability company
151769	CORNER HILL LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP OF REAL ESTATE

5. Principal office address	City	State	Zip
10 Crystal Court	Johnston	RI	02919

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

Contact Name	Contact Title
Joseph Raheb	Attorney

Street Address	City	State	Zip
650 Washington Hwy.	Lincoln	RI	02865

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
Richard DeFedele	Susanne G. DeFedele
Street Address: 10 Crystal Court	Street Address: 10 Crystal Court
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 02919
Manager Name	Manager Name
Street Address	Street Address
City; State; Zip	City; State; Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT 20 PM 12:25

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

151769

[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* 10/9/09

Susanne DeFedele
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 26 2009
By: By 10/26/09
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08