

A. Ralph Mollis, Secretary of State
Corporations Division
1-i8 W. River Street
Providence, RI 0290-1-2615
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. 120749		ict name of the limited liability company CH HILL REAL ESTATE, LLC				
3. State of Formation RHODE ISLAND			uisiness which is actually conducted in Rhod SELL REAL ESTATE	s which is actually conducted in Rhode Island L REAL ESTATE		
5 Principal office address 3030 EAST MAIN ROAD			PORTSMOUTH	State RI	<i>Ζίρ</i> 0287 1	
6. MAILING ADDRE		ABILITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title AGENT	PERSON:		
Street Address 171 CHASE ROAD			City PORTSMOUTH	State RI	Ζφ 02871	
7. NAME AND ADD			ED LIABILITY COMPANY, IF APPI ING ATTACHMENTS ("X" BOX FO		<u>t list members</u>	
Manager Name -NONE-			Manager Name -NONE-	•		
Street Address			Street Address			
City	State	Zip	СДу	State	Zip	
Manager Name -NONE-			Manager Name -NONE-	• • • • • • • • • • • • • • • • • • • •		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGEN This information is ex			of State. Changes require filing of F	orm 642 - R.I.G.L. 7-	16-11	

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

120749

 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

MANUEL LAVREANNO Print or Type Name of Authorized Person

Form 632 Rev. 08/08