



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 02901-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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)(1)) is subject to a penalty fee of \$25.00

1. ID No 149637		2. Exact name of the limited liability company The Hills Mortgage and Finance Company, LLC	
3. State of Formation NJ		4. Brief description of the character of the business which is actually conducted in Rhode Island Mortgage Broker	
5. Principal office address 23 Mountain Boulevard, Suite 2		City Warren	State NJ
		Zip 07059	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Justin M. Demola		Contact Title President/Owner	
Street Address 23 Mountain Boulevard, Suite 2		City Warren	State NJ
		Zip 07059	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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			

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

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STATE
CORPORATIONS DIV

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

Justin M. Demola

Print or Type Name of Authorized Person

File Date	_____
Check No	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	