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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 2010

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		
82403	HAMILL CORP LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	AQUIRE, OWN SALE of REAL ESTATE		
5. Principal office address	City	State	Zip
102 PUTNAM PIKE	HARMONY	RI	02829

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

Contact Name	Contact Title		
PATRICIA JOHNSON	TREASURER		
Street Address	City	State	Zip
27 IDE ROAD	N. SCITUATE	RI	02857

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	Street Address	City	State	Zip
WILLIAM J HAMILL III	P.O BOX 370	HARMONY	RI	02829
ANN DELSESTO	P.O BOX 370	HARMONY	RI	02857
BARBARA HAMILL	P.O BOX 524	CHEPACHET	RI	02814
BARBARA ROYER	P.O BOX 10	CHEPACHET	RI	02814

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

PATRICIA JOHNSON
27 IDE RD
N. SCITUATE, RI
02857

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

[redacted] [redacted]

FILED

File Date APR 15 2011
Check No. 1152
By:

FOR SECRETARY OF STATE USE ONLY

61581-2-578160

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.

Barbara Royer 4/12/11
Signature of Authorized Person *Date*

[redacted]

Print or Type Name of Authorized Person

Form 632 Rev. 08/08