

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 2011

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.<br>124900   |              | name of the limited liability company |                   |   |   |                      |  |
|---|--------------|---------------------------------------|-------------------|---|---|----------------------|--|
|   |              | G Rocky Hill Realty Company, LLC      |                   |   |   |                      |  |
| 3 State of Formation Rhode Island 4. Brief description of the character of the busines Real Estate. |              |                                       |                   | usiness which is actually conducted in Rhode                      | s which is actually conducted in Rhode Island |                      |  |
| 5. Principal office address 158 Sage Trail  |              |                                       | r = srt           | City<br>North Kingstown   | State<br>Rhode Island                         | <i>Ζφ</i> 02852      |  |
| . MAILING ADI   | DRESS OF LIN | MITED LIAB                            | ILITY COMPANY AN  | D NAME OR TITLE OF CONTACT 1  : Contact Title                     |   |                      |  |
| Peter J. Gill   |              |                                       |                   | Member  |   |                      |  |
| Street Address 158 Sage Trail   |              |                                       |                   | City<br>North Kingstown   | State<br>Rhode Island                         | <sup>Zip</sup> 02852 |  |
| 7. NAME AND A   | DDRESS OF I  | EACH MANA                             | GER OF THE LIMITE | ED LIABILITY COMPANY, IF APPL                                     | ICABLE - DO NOT LIS                           | T MEMBEDS            |  |
|   |              | ****                                  | on 4 on 5 nnno    |   | <u> </u>                                      | I WILKIDERS          |  |
|   |              | FILL IN                               | SPACES BEFORE USI | NG ATTACHMENTS ("X" BOX FOR                                       | R ATTACHMENT)                                 | I MEMBERS            |  |
| Manager Name  |              | FILL IN                               | SPACES BEFORE USI | NG ATTACHMENTS ("X" BOX FOR                                       | RATTACHMENT)                                  | IMEMBERS             |  |
| Manager Name<br>Street Address  |              | FILL IN                               | SPACES BEFORE USI | NG ATTACHMENTS ("X" BOX FOI                                       | R ATTACHMENT)                                 | Zip                  |  |
| Manager Name<br>Street Address<br>Sity  |              | FILL IN                               | SPACES BEFORE USI | NG ATTACHMENTS ("X" BOX FOI<br>Manager Name  Street Address       | R ATTACHMENT)                                 |                      |  |
| Manager Name<br>Street Address<br>City<br>Manager Name  |              | FILL IN                               | SPACES BEFORE USI | NG ATTACHMENTS ("X" BOX FOI<br>Manager Name  Street Address  City | R ATTACHMENT)                                 |                      |  |
| Manager Name  Street Address  City  Manager Name  Street Address                                    |              | FILL IN                               | SPACES BEFORE USI | Manager Name  Street Address  City  Manager Name                  | R ATTACHMENT)                                 |                      |  |
| Manager Name  Street Address  City  Manager Name  Street Address                                    |              | State                                 | SPACES BEFORE USI | Manager Name  Street Address  City  Manager Name  Street Address  | State   | Zip                  |  |

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

124900

FOR SECRETARY OF STATE USE ONLY

Bv:

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.

/etilal

Peter J. Gill

Print or Type Name of Authorized Person

Form 632 Rev. 08/08