



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 151769		2. Exact name of the limited liability company CORNER HILL LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP OF REAL ESTATE			
5. Principal office address 10 CRYSTAL COURT		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH RAHEB		Contact Title ATTORNEY			
Street Address 650 WASHINGTON HWY.		City LINCOLN	State RI	Zip 02865	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name RICHARD DeFEDELE		Manager Name 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 Form 642.					

FILED 1019

SEP 28 2012

BY 12 179951

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Susanne DeFedele 9-4-2012
Signature of Authorized Person Date

Susanne DeFedele
Print or Type Name of Authorized Person