

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact na	2. Exact name of the limited liability company					
157521	Fox Hill	Realty Trust Thr	ee, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est						
5. Principal office address 183 Eustis Avenue			City Newport	State RI	Zip 02840		
	F LIMITED LIABILI	TY COMPANY AND N	AME OF TITLE OF CONTACT	PERSON:			
Contact Name Joseph M. Tomaino		Contact Title Manager/Member					
Street Address 183 Eustis Avenue			City Newport	State RI	Zip 02840		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Joseph M. Tomaino			Manager Name None				
Street Address 183 Eustis Avenue			Street Address	· -			
City Newport	State RI	Zip 02840	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
on cot riddi caa							
	State	Zip	City	State	Zip		
City B. RESIDENT AGENT IN F		Zip	City	State	Zip		

FILED

SEP 1 0 2014

BY_492

File Date	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.		
Check No	mondens	, ,	
Ву:	Signature of Authorized Person	Daye	
FOR SECRETARY OF STATE USE ONLY	Joseph M. Tomaino		
on occiminate of ownie ode owni	Print or Type Name of Authorized Person	·	

Form No. 632 Revised: 01/2012