

## 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. 98510	2. Exact name of the limited liability company Hilvin, LLC				
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island  Real Estate				
5. Principal office address 18 Preakness Drive			City <b>Lincoln</b>	State RI	Zip <b>02865</b>
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:	
Contact Name Hilda Erfe			Contact Title		
Street Address 18 Preakness Drive			City <b>Lincoln</b>	State <b>RI</b>	<sup>Zip</sup> <b>02865</b>
7, LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE LI	MITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
Manager Name Hilda Erfe			Manager Name		
Street Address 18 Preakness Drive			Street Address		
City <b>Lincoln</b>	State RI	Zip <b>02865</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8, RESIDENT AGENT IN RH					
This information is currently	y of record in the	Office of the Secret	ary of State. Changes requir	e filing Form 642.	

FILED

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements			
Check No	and that all statements contained herein are true and correct.			
By:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Hilda Erfe			
FUN SEUNE IANT UF STATE USE UNLT	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012