



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 **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. 540866		2. Exact name of the limited liability company Fruit Hill Estates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Rental of Residential Real Estate			
5. Principal office address 6 Adelaide Ave		City North Providence		State RI	Zip 02911
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph C. Cambio		Contact Title			
Street Address 6 Adelaide Ave		City North Providence		State RI	Zip 02911
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Dorella M. Cambio		Manager Name Joseph C. Cambio			
Street Address 6 Adelaide Ave		Street Address 6 Adelaide Ave			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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

OCT 24 2014

BY 371

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.

Joseph C. Cambio 10/23/2014
Signature of Authorized Person Date

Joseph C. Cambio

Print or Type Name of Authorized Person