

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 2015

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. 151237		2. Exact name of the limited liability company 10 Hill Tip LLC					
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Management of real estate					
5. Principal office address c/o Parasearch; 222 Jefferson Blvd, Suite 200			City Warwick	State RI	Zip 02888		
6. MAILING ADDRESS OF LIM	ITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT PERSO	Ni:			
Contact Name Wayne Burwell			Contact Title Manager				
Street Address 903 Augusta Pointe Dri	ve		City Palm Beach Gardens	State FL	Zíp 33418		
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN		PRESSES) OF THE LIN	MITED LIABILITY COMPANY, IF APPI	ICABLE DO	NOT LIST MEMBERS		
Manager Name Wayne Burwell			Manager Name Dorothy Burwell				
Street Address 903 Augusta Pointe Dri	ve		Street Address 903 Augusta Pointe Drive				
City Palm Beach Gardens	State FL	Zip 33418	City Palm Beach Gardens	State FL	^{Zip} 33418		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHOD	E ISLAND						
This information is currently o	f record in the	e Office of the Secreta	ary of State. Changes require filing F	orm 642.			

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		·····	V Mayor June 19/7/15		
Ву:		e jaron en	Signature of Authorized Person Date		
EOD SECRETA	RY OF STATE US	SE ONLY	FILED WATHE BURWELL		
FOR SECRETA	INI OF SIMIE U	SE ONLI	FILED Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012 SEP 1 0 2015 1449