

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 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.	2. Exact na	2. Exact name of the limited liability company				
91896	Fox Hill	Fox Hill Realty Trust, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island Real Estate				
Rhode Island						
5. Principal office address 183 Eustis Avenue			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND NA	AME OR 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 attachi	NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Joseph M. Tomaino			Manager Name			
Street Address 183 Eustis Avenue	· - · -		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RI	HODE ISLAND				1	
This information is current	lly of record in the	Office of the Secreta	ary of State. Changes require	filing Form 642.		

FILED
SEP 1 4 2015

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	Mamains	09/11/2015	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Joseph M. Tomaino		
FUR SECRETART OF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012