

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.

A. Brief description of the character of business conducted in Rhode Island Real Estate Investments and Management City East Providence RI 02 City East Providence RI 02 Contact Name M. Hilda Allienello Contact Title City East Providence RI 02 Contact Title Contact Title City East Providence RI 02 Contact Title Contact Title City East Providence RI 02 City East Providence RI 02 City East Providence RI 02 City State Zip City State Zip Anager Name City State Zip Anager Name City State Zip	130674	Hilson I	ame of the limited lia Realty, LLC	bility company		
Real Estate Investments and Management 5. Principal office address 629 Warren Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Hilda Allienello Street Address 629 Warren Avenue 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIS Manager Name Street Address Street Address Street Address Street Address		4 Brief dos	Corintian of the above			
629 Warren Avenue East Providence RI Zip 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name M. Hilda Allienello Street Address 629 Warren Avenue City East Providence RI Zip 629 Warren Avenue LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIS Manager Name Manager Name Street Address		Real Es	tate Investment	cter of business conducted in Rhode Is is and Management	stand	
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RESIDENT AGENT IN RHODE ISLAND	ity anager Name	1.		Street Address City Manager Name Street Address	State	Zip
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his information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	treet Address ity lanager Name treet Address ity RESIDENT AGENT IN RHO	State DDE ISLAND	Zip	Street Address City Manager Name Street Address City	State	

FILED

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BY 3766

File Date Check No	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.		
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	M. Hilda Allienello		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012