

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. 441580	2. Exact name of the limited liability company 29 Bald Hill Road, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island Real Estate Property Management				
5. Principal office address 1281 Hope Road			City Hope	State RI	Zip 02831	
6. MAILING ADDRESS OF Contact Name David Miller	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTA Contact Title	CT PERSON:		
Street Address 1281 Hope Road			City Hope	State RI	Zip 02831	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT) [RESSES) OF THE	LIMITED LIABILITY COMPAN	IY, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address		- 19(c)	Street Address			
Dity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RI						
nis information is curren	tly of record in the	Office of the Secr	etary of State. Changes requ	ire filing Form 642.		

FILED OCT 0 9 2015

Under penalty of perjury, I declare and affirm that I have examined this report, localing any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No

By:

Signature of Authorized Person

Date

David Miller

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012