

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. 153548 | Exact name of the limited liability company Bill Realty, LLC 4. Brief description of the character of business conducted in Rhode Island Real estate holding | | | | | |
|--|---|-----------------------|---------------------------------|-----------------------------|---------------------|--|
| 3. State of Formation | | | | | | |
| 5. Principal office address 654-662 Warwick A | 654-662 Warwick Avenue | | | State RI | Zip 02888 | |
| | F LIMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT | PERSON: | | |
| Contact Name Carol S. Labell | | Contact Title Member | | | | |
| Street Address 34 Wildrose Court | | | City Warwick | State RI | Zip 02888 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK | | RESSES) OF THE | LIMITED LIABILITY COMPANY | , IF APPLICABLE - <u>DO</u> | NOT LIST MEMBERS | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | | | Street Address | - · · | | |
| City | State | Zip | City | State | Zip | |
| Manager Name None | | | Manager Name None | | | |
| Street Address | reet Address | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN | RHODE ISLAND | | | | | |
| This information is curre | ently of record in th | e Office of the Seci | retary of State. Changes requir | re filing Form 642. | | |

| File Date | FILED | Under penalty of perjury, I declare and affirm that this report, including any accompanying schedularid that all statements contained free in are true | chedules and statements, | |
|---------------------------------|--------------|--|------------------------------|--|
| Check No | CCT 2 7 2015 | Larule S. Labell | 10/15/15 | |
| 3v: ምነ <u></u> ዩላ | 1 (1) | Signature of Authorized Person | / Date | |
| FOR SECRETARY OF STATE USE ONLY | 2040 | Carole S. Labell, Member Carde S. | Labell, Member Carde Stabell | |
| OR DECIDENTIAL OF STATE OF ORE! | | Print or Type Name of Authorized Person | / 2 | |

Member

Form No. 632 Revised: 01/2012