

## 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.

t. Entity ID No. 787782	2. Exact name of the limited liability company Hill Harbor Group, LLC						
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Real Estate Transactions					
5. Principal office address 655 Main Street			City East Greenwich	State RI	Zip <b>02818</b>		
5. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	RSON:			
Contact Name Guy Glennon			Contact Title  Manager				
Street Address 655 Main Street			City East Greenwich	State RI	Zip <b>02818</b>		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	RHODE ISLAND						
		e Office of the Sec	retary of State. Changes require file	ing Form 642.			
inis information is curre	nuy or record in th	e Onice of the sec	retary or otate, whomean addition.		· · · · · <del></del> - ·		

## **FILED**

NOV 1 6 2015

File DateRY	15428	this report/including any accompanying schedu	s report including any accompanying schedules and statements it that all statements contained herein are true and correct.	
Check No				
Bv:		Signature of Authorized Person	Date	
		Guy Glennon		
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		