State of Rhode Island and Providence Plantations Department of State - Business Services Division					
Alan Back			•		
Annual Report for the y	ear: <u>20</u>	16			
Limited Liability Compa					·
→ Filing period: September → Filing Fee: \$50.00	1 - November				
→ Penalty: Additional \$25.00	fee if form is not	filed by Decem	aber 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company College Hill Partners LLC				
70881					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	\rfloor	Real	Estate		
5. State of Formation	'				
RI		· · · · · · · · · · · · · · · · · · ·		Louis	Zip
6. Principal Office Address	gell	51	Providence	State	02906
7. Mailing Address of Limited Lit			of Contact Person		
Contact Name			Contact Title		
			City	State	Zip 02906
Street Address 203	19ell	<u>5† </u>	I rouidence	DO NOT LIST ME	
8. List ALL managers (names a	ind addresses) of	the Limited Liab	Manager Name	- DO 1401 EIO1 ME	
Manager Name			Inchiego: 1701112		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
011	State	Zip	City	State	Zip
City	Sidio		<u> </u>	No alema hay to be	licate an attachment
9. Resident Agent in Rhode Isla	and. This information	n is currently of re	cord with the Department of State. On mined this report, including an	ov accompanying	schedules and
Under penalty of perjury, I de statements, and that all state	clare and amm ments contained	mat i nave exal I here <u>i</u> n are trus	and correct		
Name of Authorized Person				Date	111
Joc	a n	Sack	< e + t	1 7	(e 1 (e
Signature of Authorized Person	<u> </u>	SIGN MO	SOMANT HERE	,	•
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MAIL TO:			general substitution of the substitution of th		
MAIL TO: Division of Business Services			SEF 0 8 2818		
148 W. River Street, Providence	, Rhode Island 02	904-2615	, (20		
Phone: (401) 222-3040 Website: www.sos.ri.gov			CALL THE STATE OF STA		