

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 2016

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.	2. Exact na	2. Exact name of the limited liability company				
80003	Park Hill	Park Hill Realty Associates, LLC.				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Realty	Realty				
5. Principal office address 603 Park Avenue			City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name Kate L. Mitson		Contact Title Member				
Street Address 603 Park Avenue			City Woonsocket	State RI	Zip 02895	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	Nord-457 dMEMBERS	
Manager Name Kate L. Mitson			Manager Name			
Street Address 603 Park Avenue			Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN R						
This information is curren	tly of record in the	Office of the Secret	ary of State. Changes require fi	ling Form 642.		

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Form No. 632 Revised: 01/2012 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.

- Clark

Signature of Authorized Person

Date

Kate L. Mitson

Print or Type Name of Authorized Person