State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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Entity ID Number	2. Exact name of the Limited Liability Company					
147714	Maxson Hill, LLC					
3. NAICS Code	4. Brief des	cription of the char	racter of business conducted	in Rhode Island	•	
53 - Real Estate and Rental a ▼	Real estate					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
10 Wicasta Farm Road			Hope Valley	RI	02832	
7. Mailing Address of Limited Li	ability Compar	ny and Name or Ti		•		
Contact Name Roy Dubs			Contact Title Manager			
Street Address 10 Wicasta Farm Road		City Hope Valley	State RI	^{Zip} 02832		
8. List ALL managers (names a	nd addresses)) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Roy Dubs		Manager Name				
Street Address 10 Wicasta Farm Road		Street Address				
City Hope Valley	State RI	Zip 02832	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require filir	ig Form 642.	
Under penalty of perjury, I dec statements, and that all stater				ng any accompanyin	g schedules and	
Name of Authorized Person			Date			
Roy Dubs			9/08/2016			
Signature of Authorized Person	Soll	916N DC)CUMENT HERE	,	,	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OF OCT 0 6 2016