RI SOS Filing Number: 201743415740 Date: 5/22/2017 4:00:00 PM

State of Rhode Island	and Providence	Plantations				
Department of State - Business Services Division						
HOPE -						
	. 1	~! /				
Annual Report for the	year: _ <i>人</i> (16				
Limited Liability Comp	any				ج ج	
→ Filing period: September 1 - November 1					= -	
→ Filing Fee: \$50.00					:	
→ Penalty: Additional \$25.0	0 fee if form is	not filed by Dece	ember 1.		2	
1. Entity ID Number	3 Event rem		:-L9:4. O	<u> </u>	_ ~	
01001	2. Exact name of the Limited Liability Company				4 090	
91846					= 23	
3. NAICS Code	Fox HILL REALTY TRUST, LLC 4. Brief description of the character of business conducted in Rhode Island					
53	53 PEAL ESTATE					
5. State of Formation						
DI						
772	<u> </u>					
6. Principal Office Address	0.		City	State Z	Zip	
183 EUSTO	SMUE		NEWPORT	RL	02840	
7. Mailing Address of Limited Li	ability Company	and Name or Titl	le of Contact Person			
Contact Name Contact Title LIOSEPH M TOMAINO MANAGER/ MEHBER					,	
Street Address EUSTIS AVE			City 4/- State	State		
8. List ALL managers (names and addresses) of the Limited Liab			/YELLYORT	FL	Zip 02840	
	nd addresses) d	of the Limited Liab		DO NOT LIST M	EMBERS	
Manager Name 40SEPAM TOMAWO			Manager Name			
Street Address			Street Address			
183EUSTIS AVE						
City NEWPORT	State	2840	City	State	Zip	
Manager Name	<u>, , , , , , , , , , , , , , , , , , , </u>		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	<u> </u>				
Check the box to indicate an atta						
			cord with the Department of State. Ch			
Under penalty of perjury, I dec	lare and affirm	that I have exam	mined this report, including any	/ accompanying	schedules and	
Statements, and that all statements contained herein are true and correct.						
Name of Authorized Person LOSEPH MIONAINO Date 5/					1/	
LI OSEPH /		3/19	/17			
Signature of Authorized Person Womanie Office of Authorized Person						
	+1	11/01	namo			
			11.	50	ED	

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**

MAY 2 2 2017

FORM 632 - Revised: 08/2016