	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations Department of State - Business Services Division
-MONE.	

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.

					22		
1. Entity ID Number			ted Liability Company		. , , , , , , , ,		
91896	Fo	* HILL	REALTYTRUS	ST, LLC	MIII: 51		
3. NAICS Code		•	character of business conduct		in		
53	_ RE	AL ESTA	47E		0		
5. State of Formation							
6. Principal Office Address			City	State	Zip		
183 EUST	TIS AU	٤	NEWPOR	et RI	02840		
7. Mailing Address of Limited	I Liability Comp	any and Name o	or Title of Contact Person				
Contact Name LOSEPH M			Contact Title	MANAGER/ MEMBER			
Street Address EUS 7			City NEUPORT	- State ZI	Zip 02840		
8. List ALL managers (names			Liability Company, IF APPLIC	CABLE - DO NOT LIST N	MEMBERS		
Manager Name 40SEP4 /-	1 TOUR	7440	Manager Name	Manager Name			
Street Address 183 EVS7			Street Address	Street Address			
City NEWPORT	State	Zip 284	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to ir	ndicate an attachment		
9. Resident Agent in Rhode Is	sland. This inforr	nation is currently	of record with the Department of	State. Changes require filing	g Form 642.		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Name of Authorized Person

Signature of Authorized Persoa

MAIL TO:

Division of Business Services

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

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:50 FILE

MAY 2 2 2017

BY 304341