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

Annual Report for the year:	2017	
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.

1. Entity ID Number	2. Exact nam	e of the Limited L	iability Company				
143912	Blue Hill Capital, LLC						
3. State of Formation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Investment Management						
5. Principal Office Address	<u> </u>	- · · · · ·	City	State	Zip		
c/o Great Hill Partners, 1 L	iberty Square		Boston	MA	02109		
6. Mailing Address of Limited L		and Name or Tit	le of Contact Person				
Contact Name John G. Hayes			Contact Title				
Street Address c/o Great Hill F	Partners, 1 Lib	erty Square	City Boston	State MA	^{Zip} 02109		
7. List ALL managers (names a	and addresses) o	of the Limited Liat	oility Company, IF APPLIC	ABLE - DO NOT LIST N	IEMBERS		
Manager Name John G. Hayes			Manager Name				
Street Address c/o Great Hill Partners, 1 Liberty Square			Street Address				
City Boston	State MA	^{Zip} 02109	City	State	Zip		
Manager Name		•	Manager Name				
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in-	dicate an attachment		
Resident Agent in Rhode Isla							
Under penalty of perjury, I dec statements, and that all stater	clare and affirm ments contained	that I have exar I herein are true	nined this report, include and correct.	ing any accompanying	schedules and		
Name of Authorized Person Date							
John G. Hayes, Manager				9/28	0/17		
Signature of Authorized Person	Joh)	h HANDO	CUMENT HERE				

FIFT Q

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY_ 1005