	State of Rhode Island and Pro Office of the Secreta	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615
Limited Liability Con	npany	
Annual Report Filing Period: September 1	- November 1	
	7-16-66(d), each limited liability com nin thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2017</u>	
1. ID No. <u>00110209</u>	<u>16</u>	
2. Exact Name of the L	imited Liability Company STUDIC	HILLIER, LLC
3. State of Formation		
State: <u>NJ</u>		
	ARTICLE III	
-	Code that best describes the primary re information on <u>NAICS</u> can be found	business conducted by the entity. Downloa online.
<u>541310</u>		
4. Brief Description of the	he Character of the Business Which	is Actually Conducted in Rhode Island
OFFERING PROFESS	IONAL ARCHITECTURAL SERV	<u>'ICES</u>
5. Principal Office Addre	ess	
No. and Street: <u>190 V</u>	WITHERSPOON STREET	
City or Town: PRIN	ICETON S	tate: <u>NJ</u> Zip: <u>08542</u> Country: <u>USA</u>
6. Mailing Address of L	imited Liability Company and Name	or Title of Contact Person:
		LER
	<u>/ITHERSPOON STREET</u> <u>CETON</u> S	tate: <u>NJ</u> Zip: <u>08542</u> Country: <u>USA</u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	BARBARA A. HILLIER	2846 RIVER ROAD NEW HOPE , PA 18938 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of September, 2017 at 1:40:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JERILYN ANGOTTI

Signature of Authorized Person

Form No. 632 Revised 09/07

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