Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8(b2)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000691205 2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FUILL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Co	s				tions Fee: \$50.0	
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time presented by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000691205 2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: No. and Street: 395 HILL ROAD City or Town: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: No and Street: 395 HILL ROAD City or Town: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: No and Street: 395 HILL ROAD City or Town: <td< td=""><td></td><td>1</td><td>148 W. River St vidence RI 0290</td><td>treet 04-2615</td><td></td></td<>		1	148 W. River St vidence RI 0290	treet 04-2615		
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(bkc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000691205 2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD Contact Title: No. and Street:	HOPE		(101) 222 30			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 0000691205 2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI Zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	Annual Report					
1. ID No. 000691205 2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 7. Name and Address of Eac	to file its annual report with	n thirty (30) days afte	er the time presci			
2. Exact Name of the Limited Liability Company FEDERAL HILL GROUP, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI zip: 02859 Country: USA 7. Name and Address of Each Ma	ANNUAL REPORT YEAR:	<u>2017</u>				
3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD PASCOAG State: RI zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	1. ID No. <u>00069120</u>	5				
ARTICLE III ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD PASCOAG State: RI Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD 2019 or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD 2019 or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD 2019 or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	2. Exact Name of the Li	mited Liability Com	pany <u>FEDERA</u>	AL HILL GROUP,	LLC	
ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Country: USA Country: USA A Mathematical State: RI Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA Country: USA Title Individual Name Address	3. State of Formation					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD PASCOAG State: RI Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD 2395 HILL ROAD Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>CHRISTOPHER VELLECA</u> Contact Title: No. and Street: 395 HILL ROAD Country: USA	State: <u>RI</u>					
the list of codes here. More information on NAICS can be found online. 541310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address			ARTICLE III			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: 395 HILL ROAD PASCOAG State: RI Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: No. and Street: 395 HILL ROAD (ity or Town: PASCOAG State: RI Zip: 02859 Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: State: RI Zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA						
FULL SERVICE ARCHITECTURE AND DESIGN SERVICES 5. Principal Office Address No. and Street: <u>395 HILL ROAD</u> City or Town: <u>PASCOAG</u> State: <u>RI</u> Zip: <u>02859</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>CHRISTOPHER VELLECA Contact Title:</u> No. and Street: <u>395 HILL ROAD</u> City or Town: <u>PASCOAG</u> State: <u>RI</u> Zip: <u>02859</u> Country: <u>USA</u> Contact State: <u>RI</u> Zip: <u>02859</u> Country: <u>USA</u> Title Individual Name	<u>541310</u>					
5. Principal Office Address No. and Street: 395 HILL ROAD PASCOAG City or Town: PASCOAG State: RI Zip: 02859 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: No. and Street: 395 HILL ROAD City or Town: Zip: 02859 Country: USA Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA Title Individual Name Address	4. Brief Description of th	e Character of the E	Business Which	is Actually Condu	cted in Rhode Island	
No. and Street:395 HILL ROAD PASCOAGState: RIZip: 02859Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:CHRISTOPHER VELLECA Contact Title: 395 HILL ROAD City or Town:395 HILL ROAD PASCOAGState: RIZip: 02859Country: USAContact Name:CHRISTOPHER VELLECA Contact Title: 395 HILL ROAD City or Town:PASCOAGState: RIZip: 02859Country: USATitleIndividual NameImage: Non AddressTitleIndividual NameAddress	FULL SERVICE ARCH	ITECTURE AND I	DESIGN SERV	<u>ICES</u>		
City or Town:PASCOAGState: RIZip: 02859Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:CHRISTOPHER VELLECA Contact Title: 395 HILL ROAD City or Town:395 HILL ROAD PASCOAGState: RIZip: 02859Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.TitleIndividual NameAddress	5. Principal Office Addre	SS				
Contact Name: CHRISTOPHER VELLECA Contact Title: No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI Zip: 02859 Country: USA Title Individual Name Address			State: <u>RI</u>	Zip: <u>02859</u>	Country: <u>USA</u>	
No. and Street: 395 HILL ROAD City or Town: PASCOAG State: RI Zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	6. Mailing Address of Li	nited Liability Com	pany and Name	or Title of Contac	t Person:	
City or Town: PASCOAG State: RI Zip: 02859 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address			ontact Title:			
DO NOT LIST MEMBERS Title Individual Name Address			State: <u>RI</u>	Zip: <u>02859</u>	Country: <u>USA</u>	
		-	he Limited Liab	ility Company, if A	opplicable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title					
		First, Middle, La	ast, Suffix	Address, City or Tov	/n, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	8. RESIDENT AGENT IN F	RHODE ISLAND - DO	NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER J. VELLECA 395 HILL ROAD PASCOAG , RI 02859

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

Signed this 20 Day of September, 2017 at 8:23:07 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 CHRISTOPHER VELLECA

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved