| s s | State of Rhode Island and Pr Office of the Secret | |
|---|--|--|
| | Division Of Busines | ss Services |
| | 148 W. River S | |
| | Providence RI 029 (401) 222-30 | |
| HOPE | | |
| Limited Liability Com | pany | |
| Annual Report Filing Period: September 1 | - November 1 | |
| | . 7-16-66(d), each limited liability con | nnany failing or refusing |
| | in thirty (30) days after the time pres | |
| 16-66(b&c)) is subject to a penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2017 | |
| 1. ID No. <u>000147719</u> | | |
| 2. Exact Name of the Limited Liability Company DEERHILL DEVELOPMENT GROUP, LLC | | |
| 3. State of Formation | | |
| State: <u>RI</u> | | |
| | ARTICLE III | |
| | Code that best describes the primary e information on <u>NAICS</u> can be found | y business conducted by the entity. Download d online. |
| 4. Brief Description of th | e Character of the Business Whic | ch is Actually Conducted in Rhode Island |
| | | |
| <u>OWN, SELL, RENT AN</u> | ND LEASE REAL ESTATE | |
| E Dringing Office Addre | | |
| 5. Principal Office Addre | 55 | |
| | ONT STREET, PO BOX 813 | |
| City or Town: <u>WOOI</u> | <u>NSOCKET</u> | State: <u>RI</u> Zip: <u>02895</u> Country: <u>USA</u> |
| 6. Mailing Address of Li | mited Liability Company and Nam | e or Title of Contact Person: |
| Contact Name: Contact | Title: | |
| | ONT STREET, PO BOX 813 | |
| City or Town: WOON | ISOCKET | State: <u>RI</u> Zip: <u>02895</u> Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | |
| Title | Individual Name | Address |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| | | |
| 8. RESIDENT AGENT IN I | RHODE ISLAND - DO NOT ALTER | |

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

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET, RI 02895

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

Signed this 13 Day of October, 2017 at 12:16:14 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 <u>LLOYD R. GARIEPY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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