RI SOS Filing Number: 201882982330 Date: 12/20/2018 11:08:00 AM

State of Rhode Island and Providence Plantations						
Department of State - Business Services Division SECRETARY OF STATE CORPORATIONS DIV						
Mae			556KETAN 1 OF CODDODATION	IS DIV		
			CURFURATION	10 01¥	STANIP	
Annual Report for the y	_{ear} . 2018	3	2018 DEC 20 At	(II: n6		
Limited Liability Compa	nv		ZUIU DEC ZO NI	111-00	ويون مسهد (الله 15 Ann an tig	
→ Filing period: September 1 - November 1					NT 2018 W	
→ Filing Fee: \$50.00		•	R.			
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.						
					80.85 BUS	
1. Entity ID Number	2. Exact name of the Limited Liability Company					
001657039	CAPITOL HILL REALTY, LLC				292 292	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				T OSO	
531390	REAL ESTATE.				H:	
5. Chan at Franchica					. <u>=</u> mi	
5. State of Formation	or Formation					
RI						
6. Principal Office Address		 -	City	State	Zip	
12 TUCKER HOLLOW ROAD			FOSTER	RI	02825	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ANTHONY CAMBI	Contact Title MEMBER	MEMBER				
Street Address 12 TUCKER HOLLOW ROAD			City FOSTER	State RI	Zip 02825	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
					,	
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
				· · · · · · · · · · · · · · · · · · ·	,	
City	State	Zip	City	State	Zıp	
		•	Che	ck the box to indi	cate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person Date						
ANTHONY CAMBIO //.					-18	
Signature of Authorized Person						
SIGN DOCUMENT HERE						
, ,,						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED C
DEC 2 0 2018 11: 08

BY On QMGAM