



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

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SECRETARY OF STATE  
CORRESPONDENCE

Annual Report for the year: 2018  
Limited Liability Company

2019 AUG 13 PM 2:48

- 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 <b>001657699</b>		2. Exact name of the Limited Liability Company <b>77 Green Hills Group Investors LLC</b>	
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Consultants, Investing and Rehabilitation</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>155 Park Ave, Unit 8</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Vilma J Ruiz</b>		Contact Title <b>Majority Owner Partner</b>	
Street Address <b>155 Park Ave, Unit 8</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02905</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Vilma Ruiz</b>		Manager Name <b>Marlon DePaiz</b>	
Street Address <b>72 Marshall St 1st floor</b>		Street Address <b>100 Eliza St Apt 903</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02920</b>	
Manager Name <b>Frank Needham</b>		Manager Name	
Street Address <b>1329 Old Pleasant St</b>		Street Address	
City <b>Bridgewater</b>	State <b>MA</b>	City	State
Zip <b>02324</b>		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 <b>Vilma J. Ruiz</b>		Date <b>7/22/2019</b>	
Signature of Authorized Person 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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FORM 632 Revised: 10/2017