



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

Annual Report for the year: **2019**

Limited Liability Company

→ 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<br><b>1244422</b>                                                                                                                                                                       |                 | 2. Exact name of the Limited Liability Company<br><b>HILL &amp; HARBOUR HOLDING LLC</b>           |                                     |                           |                                  |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><i>Real estate</i> |                                     |                           |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                   |                                     |                           |                                  |
| 6. Principal Office Address<br><b>P.O. Box 1907</b>                                                                                                                                                         |                 | City<br><b>East Greenwich</b>                                                                     |                                     | State<br><b>RI</b>        | Zip<br><b>02818</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                   |                                     |                           |                                  |
| Contact Name <b>Christine Redfern</b>                                                                                                                                                                       |                 |                                                                                                   | Contact Title <b>Manager</b>        |                           |                                  |
| Street Address <b>P.O. Box 1907</b>                                                                                                                                                                         |                 |                                                                                                   | City <b>East Greenwich</b>          |                           | State <b>RI</b> Zip <b>02818</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                   |                                     |                           |                                  |
| Manager Name <b>Christine Redfern</b>                                                                                                                                                                       |                 |                                                                                                   | Manager Name <b>Don A. Kass</b>     |                           |                                  |
| Street Address <b>P.O. Box 1907</b>                                                                                                                                                                         |                 |                                                                                                   | Street Address <b>P.O. Box 1907</b> |                           |                                  |
| City <b>East Greenwich</b>                                                                                                                                                                                  | State <b>RI</b> | Zip <b>02818</b>                                                                                  | City <b>East Greenwich</b>          | State <b>RI</b>           | Zip <b>02818</b>                 |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                   | Manager Name                        |                           |                                  |
| Street Address                                                                                                                                                                                              |                 |                                                                                                   | Street Address                      |                           |                                  |
| City                                                                                                                                                                                                        | State           | Zip                                                                                               | City                                | State                     | 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.                                                                   |                 |                                                                                                   |                                     |                           |                                  |
| <i>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.</i> |                 |                                                                                                   |                                     |                           |                                  |
| Name of Authorized Person<br><b>Christine Redfern</b>                                                                                                                                                       |                 |                                                                                                   |                                     | Date<br><b>9/4</b> , 2019 |                                  |
| Signature of Authorized Person<br>                                                                                                                                                                          |                 |                                                                                                   |                                     | 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](http://www.sos.ri.gov)

**FILED**

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BY **1154**

FORM 632 Revised: 10/2017