



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136540		2. Exact name of the limited liability company Hill Woodland Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Rental Units and Leased Land	
5. Principal office address 125 HILL FARM CAMP ROAD		City COVENTRY	State RI
		Zip 02816-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES R HILL, Jr.		Contact Title Manager	
Street Address 125 HILL FARM CAMP ROAD		City COVENTRY	State RI
		Zip 02816-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name James R. Hill, Jr.		Manager Name	
Street Address 125 Hill Farm Camp Road		Street Address	
City Coventry	State RI	City	State
Zip 02816		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name AUDETTE, BAZAR, BERREN & GONZALEZ, INC.		Address 35 HIGHLAND AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 6 5 4 0

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.

James R. Hill Jr. 10-17-05  
Signature of Authorized Person Date

James R. Hill, Jr.  
Print or Type Name of Authorized Person

\*136540 DLLC 09/30/05 02:30:11 PM\*

File Date 10/24/05

Check No. 428

By: CXC

FOR SECRETARY OF STATE USE ONLY



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\*136540 DLLC 09/09/04 12:07:23 PM\*

File Date 9/14/04

Check No. 215

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

James R. Hill Jr. 9/12/04  
Signature of Authorized Person Date  
JAMES R. HILL JR.  
Print or Type Name of Authorized Person