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Annual Report for the year:	2020
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 001689493	Exact name of the Limited Liability Company Beacon Hill Associates, LLC					
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Real Estate Investment					
5. State of Formation R1						
6. Principal Office Address PO Box 27 30 Railroad St.			City Manville	State RI	Zip 02838	
7. Mailing Address of Limited Lia	ability Compa	any and Name or	Title of Contact Person		•	
Contact Name Thomas B. Conley			Contact Title Member			
Street Address PO Box 27 30 Railroad St.			^{City} Manville	State RI	^{Zip} 02838	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Žip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	. L		<u> </u>	Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently	of record with the	RI Department of State is acc	curate. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all stater				ing any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Thomas B. Conley			10/1/20	10/1/2020		
Signature of Authorized Person	0					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov