



State of Rhode Island

## Department of State - Business Services Division

FILED AMP

Annual Report for the year: 2021

## 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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. Entity ID Number<br><u>000098331</u>                                                                                                                                                              |                    | 2. Exact name of the Limited Liability Company<br><u>Hill &amp; Harbour, LLC</u>                                  |                                        |
| 3. NAICS Code<br><u>531110</u>                                                                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Holding Company</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                    |                                                                                                                   |                                        |
| 6. Principal Office Address<br><u>982 FRENCHTOWN RD.</u>                                                                                                                                             |                    | City<br><u>E. GREENWICK</u>                                                                                       | State<br><u>RI</u> Zip<br><u>02818</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                                   |                                        |
| Contact Name<br><u>DAVID IANNUCELLI</u>                                                                                                                                                              |                    | Contact Title<br><u>Manager</u>                                                                                   |                                        |
| Street Address<br><u>982 FRENCHTOWN RD.</u>                                                                                                                                                          |                    | City<br><u>E. GREENWICK</u>                                                                                       | State<br><u>RI</u> Zip<br><u>02818</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                                   |                                        |
| Manager Name<br><u>DAVID IANNUCELLI</u>                                                                                                                                                              |                    | Manager Name                                                                                                      |                                        |
| Street Address<br><u>982 FRENCHTOWN RD.</u>                                                                                                                                                          |                    | Street Address                                                                                                    |                                        |
| City<br><u>E. GREENWICK</u>                                                                                                                                                                          | State<br><u>RI</u> | Zip<br><u>02818</u>                                                                                               |                                        |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                                      |                                        |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                                    |                                        |
| City                                                                                                                                                                                                 | State              | Zip                                                                                                               |                                        |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                                      |                                        |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                                    |                                        |
| City                                                                                                                                                                                                 | State              | Zip                                                                                                               |                                        |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |                    |                                                                                                                   |                                        |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br><u>DAVID IANNUCELLI</u>                                                                                                                                                 |                    | Date<br><u>9-3-2021</u>                                                                                           |                                        |
| Signature of Authorized Person<br><u>David Iannucelli</u>                                                                                                                                            |                    |                                                                                                                   |                                        |

## MAIL TO:

Division of Business Services

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