

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company.

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Lia	bility Company	-			
000070881	College Hi	11 Partners, L	LC			
3. NAICS Code 4: Brief description of the character of business conducted in Rhode Island						
53,111,0						
5. State of Formation Real Estate						
RI						
6. Principal Office Address		City	State	Zip		
203 Angel	Street	Providence	RI	02906		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Title Contact Title						
Street Address 203A	njell Street	city Providence	State R	2ip 0 2906		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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	•	Date // / L	1/2025			
Signature of Authorized Person Sulutti						

Division of Business Services

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

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