



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.

FILED  
APR 16 2025  
BY 1216 *or*

|                                                                                                                                                                                                                |  |                                                                                                                                               |                           |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000154015</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>KENNEDY HILL, LLC</b>                                                                    |                           |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>MANAGE AND MAINTAIN REAL ESTATE &amp; OTHER INVESTMENTS</b> |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                                               |                           |                     |
| 6. Principal Office Address<br><b>46 ABORN ST. 4TH FLOOR</b>                                                                                                                                                   |  | City<br><b>PROVIDENCE</b>                                                                                                                     | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                               |                           |                     |
| Contact Name<br><b>ROBERT FELLMAN</b>                                                                                                                                                                          |  | Contact Title<br><b>BOOKKEEPER</b>                                                                                                            |                           |                     |
| Street Address<br><b>46 ABORN ST. 4TH FLOOR</b>                                                                                                                                                                |  | City<br><b>PROVIDENCE</b>                                                                                                                     | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                               |                           |                     |
| 9. <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>ARNOLD B. CHACE, JR.</b>                                                                                                                                                       |  |                                                                                                                                               | Date<br><b>04/11/2025</b> |                     |
| Signature of Authorized Person<br><i>Arnold B. Chace, Jr.</i>                                                                                                                                                  |  |                                                                                                                                               |                           |                     |

**MAIL TO:**

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