



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2015
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 32972		2. Name of Corporation Sand Hill Associates, Ltd.			
3. Street Address Principal Business Office 2 Sand Hill Cove Road			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 782-2002		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island general restaurant business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher Simon			Vice President Name Christopher Simon		
Street Address 37 Jennifer Drive			Street Address 37 Jennifer Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Christopher Simon			Treasurer Name Erin L. Simon		
Street Address 37 Jennifer Drive			Street Address 37 Jennifer Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher Simon			Director Name Erin L. Simon		
Street Address 37 Jennifer Drive			Street Address 37 Jennifer Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City South Kingstown	State RI	Zip 02908	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			25	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	MAY 06 2009
By:	By 9300
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.

Christopher Simon 4/1/2009
Signature Date
Christopher Simon
Print or Type Name
President
Title