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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.	2. Name of Corporation			
85572	The Hill At Mill Pond, Inc.			
3. Street Address Principal Business Office		City	State	Zip
85 Main Street		W. Barnstable	MA	02668
4. Business Phone No.	5. State of Incorporation			
508-362-7417	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of owning and operation rental property.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Carol Silverman	85 Main Street	W. Barnstable	MA	02668
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Ira Silverman	85 Main Street	W. Barnstable	MA	02668
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Daniel Silverman	310 W. 80th Street, Apt. 6D	New York	NY	10024
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Carol Silverman	85 Main Street	W. Barnstable	MA	03668

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Carol Silverman	85 Main Street	W. Barnstable	MA	02668
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	stk	no par

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.

[redacted] FILED

File Date MAR 21 2011

Check No. BY 2582

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Carol Silverman 3/4/11
Signature *Date*

Carol Silverman
Print or Type Name

President
Title

Form 630 Rev. 08/08