



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

A. Ralph Mollis, Secretary of State  
Corporations Unit  
168 W. River Street  
Providence, RI 02904  
(401) 271-3000

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

**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. 7-1.2-150(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>17023</b>		2. Name of Corporation <b>Hilltop Enterprises, Inc.</b>	
3. Street Address Principal Business Office <b>336 Dexter Street</b>		City <b>Central Falls</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 726-9726</b>		5. State of Incorporation <b>RI</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>LAUNDRY</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Daniel Shannahan</b>		Vice President Name <b>NONE</b>	
Street Address <b>8 Cullen Avenue</b>		Street Address	
City <b>Lincoln</b>	State <b>RI</b>	City	State
Zip <b>02865</b>		Zip	
Secretary Name <b>NONE</b>		Treasurer Name <b>Edward Shannahan</b>	
Street Address		Street Address <b>100 Progress Street</b>	
City	State	City <b>Lincoln</b>	State <b>RI</b>
Zip		Zip <b>02865</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES - THIS SECTION MUST BE COMPLETED	
		Number of Shares <b>200</b>	Class Series <b>COMMON</b>
		Par Value <b>NONE</b>	

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.

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.

*Daniel Shannahan* 1/4/2012  
Signature Date

<b>FILED</b>	
File Date	<b>JAN 05 2012</b>
Check No.	
By	<i>MMC</i> <b>6728</b>