



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 53067		2. Exact name of the Corporation Split Rock Corporation		
3. Principal office address 7919 Post Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 295-5076		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island The operation of a trailer/mobile park and related purposes				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Richard L.H. Palmer		Vice-President Name Anne D. Palmer		
Street Address 7919 Post Road		Street Address 175 Juniper Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	Zip 02852
Secretary Name Anne D. Palmer		Treasurer Name Elmer Hall Palmer		
Street Address 175 Juniper Drive		Street Address 175 Juniper Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Elmer Hall Palmer		Director Name		
Street Address 175 Juniper Drive		Street Address		
City North Kingstown	State RI	Zip 02852	City	Zip
Director Name Anne D. Palmer		Director Name		
Street Address 175 Juniper Drive		Street Address		
City North Kingstown	State RI	Zip 02852	City	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) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	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 _____

Check No _____

By: _____

FILED

JAN 23 2013

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.

[Signature]
 Signature of Authorized Representative _____ Date _____

Richard L. H. Palmer
 Print or Type Name of Authorized Representative _____