



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. 88315		2. Exact name of the Corporation GLEN HILLS REALTY CORP.			
3. Principal office address 33 GLEN HILL DR		City CRAN	State RI	Zip 02920	
4. Business Phone No. 401-942-1666		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY / INVESTMENT / DEVELOPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KEVIN T. MALLOY			Vice-President Name GARY T. MALLOY		
Street Address 33 Greenwich Way			Street Address 1 West Exchange		
City W. WARW	State RI	Zip 02893	City PROV	State RI	Zip 02903
Secretary Name THOMAS F. MALLOY			Treasurer Name KERRY ANN MALLOY		
Street Address 36 PERENNIAL DR.			Street Address 33 Glen Hill Dr.		
City CRAN	State RI	Zip 02920	City CRAN	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ERIN K. ACETO			Director Name CHRIS MALLOY		
Street Address 7 LINDSAY LANE			Street Address 6 TALON COURT		
City CRAN	State RI	Zip 02921	City HOPE	State RI	Zip 02831
Director Name GARY T. MALLOY			Director Name KEVIN T. MALLOY		
Street Address 1 West Exchange			Street Address 33 Greenwich Way		
City PROV	State RI	Zip 02903	City W. WARW	State RI	Zip 02893
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			N/A	NONE	N/A

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.

FILED
FEB 20 2013
1818
BY **1818**
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.

Signature of Authorized Representative

Date **2/20/13**

Print or Type Name of Authorized Representative
KEVIN T. MALLOY