



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. 89892		2. Exact name of the Corporation HICKORY RIDGE CAMPGROUND, INC.					
3. Principal office address 1677 MAPLE VALLEY ROAD		City GREENE	State RI	Zip 02827			
4. Business Phone No. 397-7474		5. State of Incorporation RHODE ISLAND					
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OPERATING A CAMPGROUND AND RECREATIONAL AREA							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name ANNE PROMFRET			Vice-President Name ANNE PROMFRET				
Street Address 1677 MAPLE VALLEY ROAD			Street Address 1677 MAPLE VALLEY ROAD				
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827		
Secretary Name ANNE PROMFRET			Treasurer Name ANNE PROMFRET				
Street Address 1677 MAPLE VALLEY ROAD			Street Address 1677 MAPLE VALLEY ROAD				
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name ANNE PROMFRET			Director Name				
Street Address 1677 MAPLE VALLEY ROAD			Street Address				
City GREENE	State RI	Zip 02827	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
			NON ISSUED				

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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 27 2013
 2475

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.

Anne Promfret 2/15/13
 Signature of Authorized Representative Date

ANNE PROMFRET
 Print or Type Name of Authorized Representative