



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 **2014**

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. 125013		2. Exact name of the Corporation Poppy Hills Development Group, Inc.			
3. Principal office address 1481 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 861-7788			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of buying, selling, developing, transferring, leasing and/or renting real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard J. Colardo, Jr.			Vice-President Name Christopher D. Colardo		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Richard J. Colardo, Jr.			Treasurer Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard J. Colardo, Jr.			Director Name		
Street Address 1481 Atwood Avenue			Street Address		
City Johnston	State RI	Zip 02919	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	
100		common		no par value	

2014 JUN 20 PM 12:30
 CORPORATION DIVISION
 STATE OF RHODE ISLAND

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 prepared on behalf of the corporation by the receiver or trustee.

FILED

File Date _____

Check No. **JUN 20 2014**

By: _____

FOR SECRETARY OF STATE USE ONLY

[Handwritten Signature]
 29-226796

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

Richard J. Colardo, Jr., President

Print or Type Name of Authorized Representative

[Handwritten Signature]
 6/2/14
 Date