



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 2015

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 GRENE	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
BY: **2531**

FILED

FEB 27 2015

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 J. Promfret 2/17/15
Signature of Authorized Representative Date

ANNE PROMFRET

Print or Type Name of Authorized Representative