



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 2016**

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.<br><b>36527</b>  |                    | 2. Exact name of the Corporation<br><b>Mill Management Corporation</b> |   |                    |                     |
| 3. Principal office address<br><b>245 Waterman Street - Suite 401</b>   |                    | City<br><b>Providence</b>  |   | State<br><b>RI</b> | Zip<br><b>02906</b> |
| 4. Business Phone No.<br><b>(401) 351-3666</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                       |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To own, manage and lease real estate and personal property.</b>             |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                    |                     |
| President Name<br><b>Norman Jay Bolotow</b>   |                    |  | Vice-President Name   |                    |                     |
| Street Address<br><b>245 Waterman Street - Suite 401</b>  |                    |  | Street Address  |                    |                     |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>  | City  | State              | Zip                 |
| Secretary Name<br><b>Norman Jay Bolotow</b>   |                    |  | Treasurer Name<br><b>Norman Jay Bolotow</b>                         |                    |                     |
| Street Address<br><b>245 Waterman Street - Suite 401</b>  |                    |  | Street Address<br><b>245 Waterman Street - Suite 401</b>            |                    |                     |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| Director Name<br><b>None</b>  |                    |  | Director Name   |                    |                     |
| Street Address  |                    |  | Street Address  |                    |                     |
| City  | State              | Zip  | 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.<br>See Section 9 of instruction sheet. |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|   |                    |  | 100   | Common             | No Par              |

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 \_\_\_\_\_

**FILED**

JAN 11 2016

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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.

*Norman Jay Bolotow* 1/7/16  
Signature of Authorized Representative Date

**Norman Jay Bolotow**

Print or Type Name of Authorized Representative