



**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

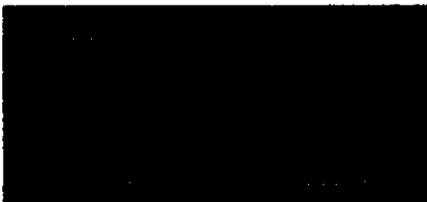
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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. <b>53067</b>		2. Exact name of the Corporation <b>Split Rock Corporation</b>			
3. Principal office address <b>7919 Post Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>(401) 295-5076</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>The operation of a trailer/mobile park and related purposes.</b>					
President Name <b>Richard L.H. Palmer</b>			Vice-President Name <b>Anne D. Palmer</b>		
Street Address <b>7919 Post Road</b>			Street Address <b>175 Juniper Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Anne D. Palmer</b>			Treasurer Name <b>Elmer Hall Palmer</b>		
Street Address <b>175 Juniper Drive</b>			Street Address <b>175 Juniper Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Elmer Hall Palmer</b>			Director Name		
Street Address <b>175 Juniper Drive</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name <b>Anne D. Palmer</b>			Director Name		
Street Address <b>175 Juniper Drive</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
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

*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**

JAN 27 2016

RY KL 6279

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]* 1/22/16  
 Signature of Authorized Representative Date

**Richard L. Palmer**

Print or Type Name of Authorized Representative