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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.	2. Exact name of the Corporation
796041	**Shannock Hill Properties, Inc.**

3. Principal office address	City	State	Zip
24 Small Pox Trail	**West Kingston**	**RI**	**02892**

4. Business Phone No.	5. State of Incorporation
401-207-4287	**RHODE ISLAND**

6. Brief description of the character of business conducted in Rhode Island
Any lawful business. buying, selling, holding and investing in real estate

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MERRILL C. JENCKS, III	**24 Small Pox Trail**	**West Kingston**	**RI**	**02892**

Vice-President Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	**P.O. Box 691**	**Exeter**	**RI**	**02822**

Secretary Name	Street Address	City	State	Zip
MERRILL C. JENCKS, III	**24 Small Pox Trail**	**West Kingston**	**RI**	**02892**

Treasurer Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	**P.O. Box 691**	**Exeter**	**RI**	**02822**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MERRILL C. JENCKS, III	**same as above**			

Director Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	**same as above**			

Director Name	Street Address	City	State	Zip
STEPHEN M. MACERA	**P.O. Box 691**	**Exeter**	**RI**	**02822**

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	None	None	None

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 02
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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.

J Merrill C Jencks III 2/15/16
Signature of Authorized Representative Date

MERRILL C. JENCKS, III, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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