



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. 72948		2. Exact name of the Corporation HILLTOP REALTY, INC.			
3. Principal office address PO BOX 1299		City CHARLESTOWN	State RI	Zip 02813	
4. Business Phone No. 474-7203		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE DEVELOPMENT BUSINESS AND RELATED ACTIVITIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name LAWRENCE C. LEBLANC		Vice-President Name			
Street Address PO BOX 1299		Street Address			
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name LAWRENCE C. LEBLANC		Treasurer Name LAWRENCE C. LEBLANC			
Street Address PO BOX 1299		Street Address PO BOX 1299			
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name LAWRENCE C. LEBLANC		Director Name			
Street Address PO BOX 1299		Street Address			
City CHARLESTOWN	State RI	Zip 02813	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) ☐		
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 PAQR

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

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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.

Signature of Authorized Representative

Date

LAWRENCE C. LEBLANC, PRESIDENT

Print or Type Name of Authorized Representative