

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

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A February ID Nillember	O. Eventor		- 0						
1. Entity ID Number 000020798	1	Exact name of the Corporation     Hemlock Marketing Inc.							
3. Principal Office Address				City State			Zip		
170 Providence Pike Unit 15				North Smithfield		RI	02896		
4. Business Phone Number				5. State of Incorporation					
401-769-7610				Rhode Island					
Brief description of the character of business conducted in Rho				de Island					
	maradia, or pas		inducted in Paris	ac islana					
Real Estate							<u>+</u>		
7. List ALL officers (names and addresses)  President Name    Vice-President Name   Ohn Bidler   Ohn Bidler									
President Name John Ridlon				Vice-President Name 22 3.1					
Street Address				Street Address					
170 Providence Pike Unit 15									
City North Smithfield	State R	I	<sup>Zip</sup> 02896	City	"	State	Zip O J G		
Secretary Name				Treasurer Name					
Street Address				Street Address : < >					
City	State Zip			City State			Z <sub>1</sub> 0		
8. List ALL directors (names and addresses)				Check the box to indicate an attachment					
Director Name	s and addresse	s)		Director Nam		eck the box to ind	icate an attachment []		
				DIRECTOR HEIT					
Street Address				Street Address					
City	State Zip		<u>.</u> -	City		State	Zip		
9. Shares Authorized			10. Shares Is		CI	heck the boy to inc	licate on attachment		
This information is currently of record in the				NUMBER OF SHARES CLASS/S			neck the box to indicate an attachment PAR VALUE		
			100		CNP		0		
Changes require an additional filing.							-		
<ol> <li>This report must be exe or trustee, this report must I</li> </ol>	cuted on behal	of the co	orporation by a	n authorized re	epresentative. If the	e corporation is in	the hands of a receiver		
Under penalty of perjury,	i declare and a	ffirm th	at i have exam	ined this repo	ort, including any	accompanying s	chedules and		
<b>statements, and that all st</b> Name of Authorized Repres	tatements con	tained h	erein are true	and correct.		Date			
John Ridlon						9/43/16			
Signature of Authorized Rep	recentative						A		

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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