



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 2017

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. 115855		2. Exact name of the Corporation SHOREBY HILL PROPERTIES, INC.		
3. Principal office address 130 SWEETBRIAR DR.		City CRANSTON	State R.I.	Zip 02920
4. Business Phone No. 401-942-8630		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island OWNERSHIP, DEVELOPMENT, AND LEASING REAL ESTATE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ROSE J. MICHAEL		Vice-President Name ROSE J. MICHAEL		
Street Address 130 SWEETBRIAR DR.		Street Address SAME		
City CRANSTON	State R.I.	Zip 02920	City	State
Secretary Name ROSE J. MICHAEL		Treasurer Name ROSE J. MICHAEL		
Street Address SAME		Street Address SAME		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ROSE J. MICHAEL		Director Name NO ADDITIONAL		
Street Address 130 SWEETBRIAR DR.		Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State
Director Name NO ADDITIONAL		Director Name NO ADDITIONAL		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1,000 COMMON NO 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.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
NUMBER OF SHARES 1,000		CLASS/SERIES COMMON	PAR VALUE 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.

FILED

FEB 08 2017

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.

Rose J. Michael **1-30-17**
Signature of Authorized Representative Date

ROSE J. MICHAEL, PRESIDENT
Print or Type Name of Authorized Representative

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY