RI SOS Filing Number: 201734544460 Date: 2/21/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation 2017

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
152574	MICHAEL J. HILL, C.P.A., INC.			
3. Principal Office Address		City	State	Zip
6 BLACKSTONE VALLEY PLACE, SUITE 401		LINCOLN	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
52	TO PROVIDE PUBLIC ACCOUNTING SERVICES, INCLUDED BUT NOT LIMITED TO ACCOUNTING, BOOKKEEPING, CONSULTING AND TAX SERVICES			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MICHAEL J. HILL			MICHAEL J. HILL		
Street Address			Street Address		
500 MENDON ROAD, UNIT 36			500 MENDON ROAD, UNIT 36		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Secretary Name			**Treasurer Name**		
MICHAEL J. HILL			MICHAEL J. HILL		
Street Address			Street Address		
500 MENDON ROAD, UNIT 36			500 MENDON ROAD, UNIT 36		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON/VOTING	NO PAR VALUE
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative: MICHAEL J HILL, PRES. Date: 1/16/17

Signature of Authorized Representative: Michael J Hill SIGN DOCUMENT HERE

FILED
FEB 21 2017
BY 8733 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016