



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

## 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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SECRETARY OF STATE  
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STAMP

1. Entity ID Number <b>115855</b>		2. Exact name of the Corporation <b>SHOREBY HILL PROPERTIES, INC.</b>	
3. Principal Office Address <b>130 SWEETBRIAR DR.</b>		City <b>CRANSTON</b>	State <b>R.I.</b>
		Zip <b>02920</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP, DEVELOPMENT, AND LEASING REAL ESTATE</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ROSE J. MICHAEL</b>		Vice-President Name <b>ROSE J. MICHAEL</b>	
Street Address <b>130 SWEETBRIAR DR.</b>		Street Address <b>SAME</b>	
City <b>CRANSTON</b>	State <b>R.I.</b>	City	State
Zip <b>02920</b>		Zip	
Secretary Name <b>ROSE J. MICHAEL</b>		Treasurer Name <b>ROSE J. MICHAEL</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ROSE J. MICHAEL</b>		Director Name <b>NO ADDITIONAL</b>	
Street Address <b>130 SWEETBRIAR DR.</b>		Street Address	
City <b>CRANSTON</b>	State <b>R.I.</b>	City	State
Zip <b>02920</b>		Zip	
Director Name <b>NO ADDITIONAL</b>		Director Name <b>NO ADDITIONAL</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. <b>1,000 Common NO PAR VALUE</b> Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1,000</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>NO PAR</b>	
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 <b>ROSE J. MICHAEL, PRESIDENT</b>			Date
Signature of Authorized Representative <i>Rose J. Michael, Pres.</i>			SIGN DOCUMENT HERE
			<b>FILED</b>

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016