



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.

RECEIVED STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 PM 4:12
STAMP

1. Entity ID Number 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. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island OWNERSHIP, DEVELOPMENT, AND LEASING REAL ESTATE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an 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.	City	State
Zip 02920			
Secretary Name ROSE J. MICHAEL		Treasurer Name ROSE J. MICHAEL	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an 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.	City	State
Zip 02920			
Director Name NO ADDITIONAL		Director Name NO ADDITIONAL	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. 1,000 Common NO PAR VALUE Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000	CLASS/SERIES Common
		PAR VALUE NO PAR	
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 ROSE J. MICHAEL, PRESIDENT			Date
Signature of Authorized Representative <i>Rose J. Michael, Pres.</i>			SIGN DOCUMENT HERE

FILED

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

FEB 27 2018
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FORM 630 - Revised: 10/2016