RI SOS Filing Number: 201859703270 Date: 3/2/2018 4:00:00 PM

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.

FILED
MAR 02 2018
BY 184

1. Entity ID Number	2. Exact name of the Corporation			
44121	Hidden Rock Development Corp.			
3. Principal Office Address		City	State	Zip
137 First Avenue		East Greenwich	RI	02818
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531210	Ownership and management of real estate			
5. State of Incorporation				
Rhode Island				

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

President Name: Agnes E. Bianco			Vice-President Name: Valeria J. Bianco		
Street Address: 137 First Avenue			Street Address: 137 First Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Valeria J. Bianco			Treasurer Name: Stephen L. Bianco		
Street Address: 137 First Avenue			Street Address: 137 First Avenue		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Agnes E. Bianco			Director Name		
Street Address: 137 First Avenue			Street Address		
City: East Greenwich	State: RI	Zip: 02818	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.	500	Common	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	Date
Agnes E. Bianco	2/28/18

Signature of Authorized Representative: Agnes E. Bianco 2/28/18 SIGN HERE

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: 10/2017