

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

FILED	g	\(\sigma^{-1}\)
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-> Penalty: Additional \$25					BY	189			
Entity ID Number		2. Exact name of the Corporation Hidden Rock Development Corp.							
44121	Hidden F								
3. Principal Office Address			City		State	Zip			
137 First Avenue			East Green	wich	RI	02818			
4 NAICS Code	6. Brief desc	6. Brief description of the character of business conduct			Island	<u></u>			
531210	Ownership	Ownership and management of real estate							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names ar	nd addresses)			Chec	k the box to in	ndicate an attachment			
President Name Agnes E. Blanco			Vice-President	Vice-President Name Valeria J. Bianco					
Street Address 137 First Avenue			Street Address	Street Address 137 First Street					
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zıp} 02818			
Secretary Name Valeria J. Bianco			Treasurer Nam	Treasurer Name Stephen L. Bianco					
Street Address 137 First Aver			Street Address	137 First Avenue		., .			
City East Greenwich	State RI	^{Z_ip} 02818	City East Greenwich		State RI	Zip 02818			
8 List ALL directors (names a	and addresses)				k the box to i	ndicate an attachment 🗀			
Director Name Agnes E. Bian	ico		Director Name	•					
Street Address 137 First Aver	nue	-	Street Address	3					
City East Greenwich	State RI	Z _{IP} 02818	City		State	Zip			
Director Name			Director Name	Director Name					
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zip			
9. Shares Authorized	es Authorized 10. Shares Issi								
This information is currently o Department of State.	f record in the	500	OF SHARES	CLASS/SERI Common	<u></u>	No Par Value			
Changes require an additional	filing.				·				
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in t	he hands of a receiver or			
trustee, this report must be eithor the control of perjury, I of perjury	xecuted on behalf o	the corporation by	the receiver or tr	ustee.	mnankina ci	chadulae and			
statements, and that all sta					inpanying st				
Name of Authorized Represe					Date /				
Agnes E. Bianco				<u></u>	2/8	28/18			
Signature of Authorized Repr	esentative	2/10	Jugan acac						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov