State of Rhode Island and Providence Plantations Department of State - Business Services Division							
Annual Report for the year: Corporation — 2019 ——							
Filing period January 1 - March 1							
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number 2. Exact name of the Corporation							
000059773 Ross Hill Realty, Inc.							
3. Principal Office Address City State Zip							
30 Devils Foot Roa		of the above stay		Kingstown	RI	02852	
4. NAICS Code 53 III	6. Brief description of the character of business conducted in Rhode Island OWN, Manage, Sale of Real Estate						
301110	- Violity Marray C, Saic of Ecol Color						
State of Incorporation R I							
7 List ALL officers (names and addresses) Check the box to indicate an attachm						idicate an attachment 🔲	
President Name Donald A Bannister Street Address			Donald A Bannister				
35 Pardons waxd lane			35 Pardons wood lane				
East Greenwich	State R1	D2818	City	Freenwich	State R1	02818	
Scorelary Name Treasurer Name Donald A Bannister Treasurer Name						•	
				Streel Address 35 Pardons Wood Lane			
City State 7in			City - State _ Zip				
East Greenwach	RI	5,02818	EUSH G	reenwich	R	1 02818	
8. List ALL directors (names and addresses) Director Name D					ne box to in	ndicate an attachment 🗀	
Street Address			Street Address				
City	State	Zip	City	.	State	Zıp	
Director Nama			Director Name				
Street Address			Street Address				
City	State	Ζιρ	City		State	Ζιρ	
Shares Authorized This information is currently of record in the Department of State.				Check the crass series	k the box to indicate an attachment PAR VA. JE		
		None	none		None		
Changes require an additional filing.							
2000 COM NO PAY	V3/VC	L	nosi sod sonsor	animum If the engage	21.00.00.00.1	he heads of a receiver or	
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 atrustee, 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							
Istatements, and that all statements contained herein are true and correct. Name of Authorized Representative Date / /							
Donald A Bannister FILED 1/30/19							
Signature of Author zed Representative A mold H. Bannet FFR 01 2010							
MAIL TO: Division of Business Services 148 W. River Street, Previdence, Rhode Island 02904-2615 Phone: (401) 222-3040							

Website: www.sos.ri.gov.

FORM 633 Project Color