



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000037904		2. Exact name of the Corporation Bishop's Bend Development Corp.			
3. Principal Office Address 121 Bacon St. P.O. Box 2190		City Pawtucket		State RI	Zip 02861
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 P. Mc Hale			Vice-President Name Erin A. Mc Hale		
Street Address 121 Bacon St. P.O. Box 2190			Street Address 121 Bacon St. P.O. Box 2190		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Erin A. Mc Hale			Treasurer Name Rose P. Mc Hale		
Street Address 121 Bacon St. P.O. Box 2190			Street Address 121 Bacon St. P.O. Box 2190		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		2990	common	\$1.00 par value	
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 P. Mc HALE				Date 2-25-19	
Signature of Authorized Representative Rose P. Mc Hale					

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

FILED

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FEB 27 2019

FORM 630 - Revised: 10/2017

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