



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.

RECEIVED STAMP
 SECRETARY OF STATE
 2019 JUL 30 PM 1:10

1. Entity ID Number 001682468		2. Exact name of the Corporation TIMBERLINE PROPERTY GROUP, INC.			
3. Principal Office Address 46 Millers Brook Drive			City Cumberland	State RI	Zip 02864
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Leung			Vice-President Name Mihir Shah		
Street Address 2 Williams Street			Street Address 2 Williams Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Raymond Leung			Treasurer Name Mihir Shah		
Street Address 2 Williams Street			Street Address 2 Williams Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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			
		800	Common	0	
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. <i>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.</i>					
Name of Authorized Representative 					Date 7/26/19
Signature of Authorized Representative Raymond Leung					
SIGN DOCUMENT 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

FILED

JUL 30 2019

FORM 630 - Revised: 10/2017

BY 9665