



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

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Annual Report for the year: 2020
 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 115855		2. Exact name of the Corporation SHOREBY Hill PROPERTIES, INC.			
3. Principal Office Address 130 SWEETBRIAR DR.		City CRANSTON		State R.I.	Zip 02920
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island OWNERSHIP, DEVELOPMENT, AND LEASING 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 J. MICHAEL			Vice-President Name ROSE J. MICHAEL		
Street Address 130 SWEETBRIAR DR.			Street Address SAME		
City CRANSTON		State R.I.	Zip 02920		
Secretary Name ROSE J. MICHAEL			Treasurer Name ROSE J. MICHAEL		
Street Address SAME			Street Address SAME		
City		State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROSE J. MICHAEL			Director Name NO ADDITIONAL		
Street Address 130 SWEETBRIAR DR.			Street Address		
City CRANSTON		State R.I.	Zip 02920		
Director Name NO ADDITIONAL			Director Name NO ADDITIONAL		
Street Address			Street Address		
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. 1,000 Common NO PAR Changes require an additional filing. VALUE			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NO PAR
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 J. MICHAEL, PRESIDENT				Date 2-21-2020	
Signature of Authorized Representative <i>Rose J. Michael, Pres.</i>			SIGN DOCUMENT HERE FILED		

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

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