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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

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FORM 630 - Revised: 10/2017

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

Website: www.sos.ri.gov

Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
001682468	Timberli	Timberline Property Group, Inc.					
3. Principal Office Address			City		State	Zip	
46 Millers Brook Drive			Cumberland		RI	02864	
1. NAICS Code	6. Brief desc	ription of the charac	cter of business con	ducted in Rhode Is	sland		
531110	Real estate	Real estate holdings.					
5. State of Incorporation		-					
Rhode Island							
7. List ALL officers (names an	d addresses)			Check	the box to indic	ate an attachment	
President Name Raymond Leung			Vice-President Name Mihir Shah				
Street Address 2 Williams Stre	Street Address 2 Williams Street						
Providence	Stale RI	^{Zıp} 02903	City Providence		State RI	Zip 02903	
ecretary Name Raymond Leung			Treasurer Name Mihir Shah				
Street Address Same as above.			Street Address Same as above.				
City	State	Zip	City		State	Zip	
List ALL directors (names and addresses)			Check the box to indicate an attachment				
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		1	Director Name		_L		
Street Address	Street Address						
City	State	Zip	City	_	State	Zip	
Shares Authorized		10. Shares Is:	sued	Check	Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER C	F SHARES		CLASS/SERIES PAR VALUE Common \$0.00		
		8	00	Comm	Common		
changes require an additional f	filing.						
11. This report must be execu	ted on behalf of the	corporation by an	authorized represen	ntative. If the corpo	ration is in the I	ands of a receive	
rustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or trus	tee.			
Inder penalty of perjury, I d tatements, and that all stat	leclare and affirm	that I have examin	ned this report, inc	luding any accon	npanying sche	dules and	
lame of Authorized Represer	tative	ritereni pre true al	TO COTTECT.		Date		
Karanin	Diana.				3/8/	20	
Signature of Authorized Repre	esentative 4	} -	FILED		10101		
Ad		SIGN DO	CUMENT HERE				
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IAIL TO:			A man				
48 W. River Street, Providence. F	Rhode Island 02904-2	2615 53 1	vXC 720	15			
hone: (401) 222-3040		12.7	W				