



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

FILED

Annual Report for the year: 2021
 Corporation

JAN 20 2021

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

BY 1964
DS

1. Entity ID Number <u>115855</u>		2. Exact name of the Corporation <u>SHOREBY HILL PROPERTIES, INC.</u>			
3. Principal Office Address <u>130 SWEETBRIAR DR.</u>		City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>OWNERSHIP, DEVELOPMENT, AND LEASING REAL ESTATE</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ROSE J. MICHAEL</u>			Vice-President Name <u>ROSE J. MICHAEL</u>		
Street Address <u>130 SWEETBRIAR DR.</u>			Street Address <u>SAME</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City	State	Zip
Secretary Name <u>ROSE J. MICHAEL</u>			Treasurer Name <u>ROSE J. MICHAEL</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>ROSE J. MICHAEL</u>			Director Name <u>NO ADDITIONAL</u>		
Street Address <u>130 SWEETBRIAR DR.</u>			Street Address		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City	State	Zip
Director Name <u>NO ADDITIONAL</u>			Director Name <u>NO ADDITIONAL</u>		
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. <u>1,000 COMMON NO PAR</u> Changes require an additional filing. <u>VALUE</u>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>1,000</u>	<u>COMMON</u>	<u>NO PAR</u>
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 <u>ROSE J. MICHAEL, PRESIDENT</u>				Date <u>1-12-2021</u>	
Signature of Authorized Representative <u>Rose J. Michael, Pres.</u>					

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