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State of Rhode Island

Department of State - Business Services Division

FILED

JUN 04 2021

BY

Annual Report for the year: 2021

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	2. Exact name of the Corporation
36527	Mill Management Corporation

3. Principal Office Address	City	State	Zip
245 Waterman Street	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53190	To own, manage and lease real estae and personal property
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Norman Jay Bolotow	None
Street Address: 245 Waterman Street - Suite 401	Street Address:
City: Providence / State: RI / Zip: 02906	City: / State: / Zip:
Secretary Name: Norman Jay Bolotow	Treasurer Name: Norman Jay Bolotow
Street Address: 245 Waterman Street - Suite 401	Street Address: 245 Waterman Street - Suite 401
City: Providence / State: RI / Zip: 02906	City: Providence / State: RI / Zip: 02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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	Date
Norman Jay Bolotow	6/1/21

Signature of Authorized Representative: Norman Jay Bolotow

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

FORM 630 - Revised: 08/2020