RI SOS Filing Number: 202445991260 Date: 2/5/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division  STAMP								
Annual Report for the year:	2024 FEB 0 5 2024							
Corporation  → Filing period: February 1 - May 1								
Filing Fee: \$50.00								
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation								
000001894	2. Exact name of the Corporation Bald Hill Realty Co.							
3. Principal Office Address City State Zip								
1035 Bald Hill Road			Warwi	ck	RI		02886	
4. NAICS Code	6. Brief descript	ion of the characte	er of busines	of business conducted in Rhode Island				
441110	Purchase, sale and and/or lease of motor vehicles							
5. State of Incorporation	]							
RI		·						
7. List ALL officers (names and addresses)  Check the box to indicate an attachmer  President Name  Vice-President Name							coment 🗀	
James E. Hagan				Vice-President Name Robert G. Petrarca				
Street Address 4 Spring Street			Street Address 584 Cowesset Road					
Narragansett	State RI	<sup>Zip</sup> 02882	City War	wick		RI	Zip 02886	
Secretary Name James E. Hagan			Treasurer Name Robert G. Petrarca					
Street Address 4 Spring Street			Street Address 584 Cowesset Road					
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Warwick		State	State RI Zip 028		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name								
			onector Name					
Street Address				Street Address				
City	State	Zip	City		State	<del></del>	Zip	
Director Name		Director Name					<u> </u>	
Street Address				Street Address				
City	State	Zip	City		State	<del></del>	Zip	
9. Shares Authorized	J 1 - AL	10. Shares Issue		Check the	box to indi	cate an att	achment 🗆	
This information is currently of record in the Department of State.		NUMBER OF S	SHARES	CLASS/SCRIES		PAR VALUE		
Changes require an additional filing.		010		Common	No Par Value			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
Name of Authorized Representative								
James E. Hagan					Date 1-24-24			
Signature of Authorized Representative								
MAIL TO								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov