	F 9
$\stackrel{Corp}{\rightarrow}$	ual Ropati Filing Filing
1. Er	Penal ntity ID 000 incipa
103 4. NA	35 Ba
5. St	ate of

State of Rhode Island

Department of St	ate - Busine	ess Services	Division		LED	STA	MP		
Annual Report for the year:	2024			FEB	0 5 2024		;		
Corporation → Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not	filed by May 31.		6 :		ECRETARY OF USE ON	OF STATE ALY		
1. Entity ID Number 000001894	2. Exact name of the Corporation Bald Hill Realty Co.								
3. Principal Office Address 1035 Bald Hill Road			City Warw	ick	State RI		Zip 02886		
4. NAICS Code 441110 5. State of Incorporation RI	6. Brief description of the character of business conducted in Rhode Island Purchase, sale and and/or lease of motor vehicles								
President Name	t ALL officers (names and addresses)			Check the box to indicate an attachment					
James E. Hagan			Vice-President Name Robert G. Petrarca						
, -	4 Spring Street			^{lress} 584 Cowess	et Road	<u>-</u> -			
^{City} Narragansett	State RI	^{Zip} 02882	City War	rwick	State	RI	Zip 02886		
Secretary Name James E. Hag	Name James E. Hagan			Treasurer Name Robert G. Petrarca					
Street Address 4 Spring Street		Street Address 584 Cowesset Road							
^{City} Narragansett	State R1	^{Zip} 02882	City Warwick		State	RI	^{Zip} 02886		
List ALL directors (names and a Director Name	ddresses)		Director N	Check the	box to indi	cate an atta			
Street Address		-	Street Add	ress					
City	State	Zip	City		State	State			
Director Name	<u></u>		Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issu	ied	Check the	box to ind	icate an atta	achment 🗆		
This information is currently of reco Department of State.	rd in the	NUMBER OF	SHARES	CLASS/SCR	NES		PAR VALUE		
Changes require an additional filing.			Common		No Par	Value			
11. This report must be executed o	n behalf of the co	orporation by an ai	uthonzed rep	resentative. If the cor	poration is	in the hand	s of a re-		
Under penalty of perjury, I decla	re and affirm tha	enair of the corpor at I have examine	d this repo	FORDIVOR OF Tructor					
statements, and that all stateme. Name of Authorized Representativ	nts contained hi	erein are true and	correct.						
James E. Hagan					Date	24-	24		
Signature of Authorized Represent	ative	apr				—T			
MAIL TO/ /		,							

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