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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 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		
000046947	Cumberland Hill Plaza, Inc.		
3. Principal Office Address	City	State	Zip
2220 Mendon Road	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
53110	Buying, selling and development of real estate		
5. State of Incorporation			
Rhode Island			

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

President Name: Ann Marie Mazzone			Vice-President Name: Ann Marie Mazzone		
Street Address: 2 Hinckley Road			Street Address: 2 Hinckley Road		
City: Milton	State: MA	Zip: 02186	City: Milton	State: MA	Zip: 02186
Secretary Name: Ann Marie Mazzone			Treasurer Name: Ann Marie Mazzone		
Street Address: 2 Hinckley Road			Street Address: 2 Hinckley Road		
City: Milton	State: MA	Zip: 02186	City: Milton	State: MA	Zip: 02186

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

Director Name: Ann Marie Mazzone			Director Name		
Street Address: 2 Hinckley Road			Street Address		
City: Milton	State: MA	Zip: 02186	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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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
Ann Marie Mazzone	2-20-24

Signature of Authorized Representative

FILED
FEB 21 2024
BY JX86F

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 12/2023