



**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.

RECEIVED  
 STATE OF RHODE ISLAND  
 BUSINESS SERVICES DIVISION  
 MAR 20 2024

1. Entity ID Number <b>000085572</b>		2. Exact name of the Corporation <b>The Hill at Mill Pond, Inc.</b>			
3. Principal Office Address <b>P.O. Box 26287</b>			City <b>Christiansted</b>	State <b>VI</b>	Zip <b>00824</b>
4. NAICS Code <b>531309</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental Real Estate</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Silverman</b>			Vice-President Name <b>Sarah Silverman</b>		
Street Address <b>P.O. Box 26287</b>			Street Address <b>5424 NW Savier Street Unit 6</b>		
City <b>Christiansted</b>	State <b>VI</b>	Zip <b>00824</b>	City <b>Portland</b>	State <b>OR</b>	Zip <b>97210</b>
Secretary Name <b>Daniel Silverman</b>			Treasurer Name <b>James Rollins</b>		
Street Address <b>P.O. Box 26287</b>			Street Address <b>P.O. Box 26287</b>		
City <b>Christiansted</b>	State <b>VI</b>	Zip <b>00824</b>	City <b>Christiansted</b>	State <b>VI</b>	Zip <b>00824</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>STK</b>	<b>0.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Daniel Silverman</b>				Date <b>13-Mar-24   10:45 AM EDT</b>	
Signature of Authorized Representative <i>Daniel J. Silverman</i>					

**FILED**

**MAR 20 2024**

**BY IG9WR 10:46**

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