DocuSign Envelope ID: 2200D25C-E7BF-4E95-A74F-89F27B43A40B

State of Rhode Island
Department of State - Business Services Division

STA

RECD RIDOS ESD
2024 MAR 13 PM 10:38

Annual Report for the year: 2023
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			
000085572	The Hill at Mill Pond, Inc.			
3. Principal Office Address		City	State	Zip
P.O. Box 26287		Christiansted	VI	00824
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531309	Rental Real Estate			
5. State of Incorporation				
Rhode Island				

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

President Name: Daniel Silverman			Vice-President Name: Sarah Silverman		
Street Address: P.O. Box 26287			Street Address: 5424 NW Savier Street Unit 6		
City: Christiansted	State: VI	Zip: 00824	City: Portland	State: OR	Zip: 97210
Secretary Name: Daniel Silverman			Treasurer Name: James Rollins		
Street Address: P.O. Box 26287			Street Address: P.O. Box 26287		
City: Christiansted	State: VI	Zip: 00824	City: Christiansted	State: VI	Zip: 00824

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

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	STK	0.00
Changes require an additional filing.			

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
Daniel Silverman	FILED	13-Mar-24 | 10:45 AM EDT
Signature of Authorized Representative: Daniel J. Silverman (DocuSigned by: 062290:D3948456)	MAR 20 2024	

BY IGW 10:44

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

AC

FORM 630- Revised. 12/2023