



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

MAIL TO: 002790103948458

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

FILED

MAR 20 2024

BY 169WPF

FORM 630- Revised 12/2023