



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85572		2. Name of Corporation THE HILL AT MILL POND, INC.			
3. Street Address Principal Business Office 85 MAIN ST.			City W. BARNSTABLE	State MA.	Zip 02668
4. Business Phone No. 508-362-7417		5. State of Incorporation Rhode Island		6. SIC Code 7096	
7. Brief Description of the Character of Business Conducted in Rhode Island RENTAL HOUSES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL SILVERMAN			Vice President Name IRA SILVERMAN		
Street Address 85 MAIN ST.			Street Address 85 MAIN ST.		
City W. BARNSTABLE	State MA.	Zip 02668	City W. BARNSTABLE	State MA.	Zip 02668
Secretary Name Madeline BURNS			Treasurer Name		
Street Address 314 W. CHRISTOPHER PT.			Street Address		
City P. V. SON	State ARIZONA	Zip 85541	Street Address		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 NO PAR VALUE			100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Carol Silverman 9/14/05
Signature of Officer Date
CAROL SILVERMAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date 9/19/05
Check No. 202
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85572		2. Name of Corporation The Hill At Mill Pond, Inc.			
3. Street Address Principal Business Office 85 MAIN ST			City West Barnstable, Ma	State Ma	Zip 02668
4. Business Phone No. 508-362-7417		5. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING AND OPERATING RENTAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL SILVERMAN			Vice President Name IRA SILVERMAN		
Street Address 85 MAIN ST			Street Address 85 MAIN ST		
Secretary Name Madeline BURUS			Treasurer Name		
Street Address 314 W. Christopher PD			Street Address		
City Providence			State Rhode Island	Zip 05541	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 5 7 2 *

File Date 5/28/04
Check No. 1671
By: W.
FOR SECRETARY OF STATE USE ONLY

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.

Carol Silverman 3/15/04
Signature of Officer Date
CAROL SILVERMAN
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **85572** 2. Name of Corporation **The Hill At Mill Pond, Inc.**

3. Street Address Principal Business Office **85 MAIN ST.** City **West. BARN.** State **MA** Zip **02668**

4. Business Phone No. **508-362-7417** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7096**

7. Brief Description of the Character of Business Conducted in Rhode Island **House Rental**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name CAROL SILVERMAN Street Address 85 MAIN ST City West BARNSTABLE, MA State MA Zip 02668	Vice President Name IRA SILVERMAN Street Address West 85 MAIN ST. City West BARN. State MA Zip 02668
Secretary Name Madeline BURNS Street Address City State Zip	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/19/03

Check No.: 1508

By: [Signature]

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.

Signature of Officer: [Signature] Date: _____

Print or Type Name of Officer: CAROL SILVERMAN

Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85572**
2. Name of Corporation **The Hill At Mill Pond, Inc.**
3. Street Address Principal Business Office
100 COBBLE HILL RD,
4. Business Phone No. **401-728-7226** 5. State of Incorporation **RHODE ISLAND**

City **Lincoln** State **RI** Zip **02865**
6. SIC Code **7096**

7. Brief Description of the Character of Business Conducted in Rhode Island
Rental House & Co

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **CAROL L. SILVERMAN**
Street Address **85 MAIN ST.**
City **West Barnstable** State **MA** Zip **02668**
Secretary Name **Madeline Burns**
Street Address **314 West CHRISTOPHER PT.**
City **PAYSON** State **ARIZ.** Zip **85541**

Vice President Name **IRA F. SILVERMAN**
Street Address **85 MAIN ST.**
City **West Barnstable** State **MA** Zip **02668**
Treasurer Name **Madeline Burns**
Street Address **314 W. Christopher Pt.**
City **PAYSON** State **ARIZ** Zip **85541**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **CAROL L. SILVERMAN**
Street Address **85 MAIN ST**
City **West Barnstable** State **MA** Zip **02668**
Director Name **IRA F. SILVERMAN**
Street Address **85 MAIN ST.**
City **West Barnstable** State **MA** Zip **02668**

Director Name **Madeline Burns**
Street Address **314 W. Christopher Pt.**
City **PAYSON** State **ARIZ** Zip **85541**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 5 7 2 *

File Date: 2-19-02
Check No.: 1370
By: [Signature]

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.

[Signature]
Signature of Officer _____ Date 2/15/02
CAROL L. SILVERMAN
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>85572</u>		2. Name of Corporation <u>THE HILL AND MILL POND</u>				
043283201		3. Street Address Principal Business Office <u>85 MAIN ST.</u>		City <u>WEST BARNSTABLE</u>	State <u>MA</u>	Zip <u>02668</u>
4. Business Phone No <u>508-362-7417</u>		5. State of Incorporation <u>RHODE ISLAND</u>			6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>House Rental</u>						
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name <u>CAROL SILVERMAN</u>			Vice President Name <u>IRA SILVERMAN</u>			
Street Address <u>85 MAIN ST</u>			Street Address <u>85 MAIN ST</u>			
City <u>WEST BARNSTABLE</u>	State <u>MA</u>	Zip <u>02668</u>	City <u>W. BARNSTABLE</u>	State <u>MA</u>	Zip <u>02668</u>	
Secretary Name <u>Madeleine BURNS</u>			Treasurer Name			
Street Address <u>17134 E. RAND</u>			Street Address			
City <u>MOUNTAIN HILL</u>	State <u>ARIZONA</u>	Zip <u>85268</u>	City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
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	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES <u>8000</u>			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
	<u>-</u>	<u>-</u>		<u>-</u>	<u>-</u>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
File Date: MAY 01 2001
Check No.: _____
By: [Signature]
By: _____

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.
[Signature] 4/30/01
Signature of Officer Date
CAROL SILVERMAN
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85572		2. Name of Corporation The Hill AT Mill Pond			
3. Street Address Principal Business Office 85 MAIN ST.			City West Barn	State MA	Zip 02668
4. Business Phone No. 508-362-7417		5. State of Incorporation RHODE Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island House Rental					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL SILVERMAN			Vice President Name IRA SILVERMAN		
Street Address 85 MAIN ST.			Street Address 85 MAIN ST		
City WEST BARNSTABLE	State MA	Zip 02668	City WEST BARNSTABLE	State MA	Zip 02668
Secretary Name Madeline BURNS			Treasurer Name		
Street Address 17134 E RAND			Street Address		
City MOUNTAIN HILL	State ARIZONA	Zip 85268	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES 8000			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	-	-		-	-

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 MAY 1 10 42 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAY 01 2001

File Date: _____
By: Leo 262803

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Carol Silverman 4/30/01
Signature of Officer Date

CAROL SILVERMAN
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85572		2. Name of Corporation The Hill At Mill Pond, Inc.			
3. Street Address Principal Business Office 85 Main Street			City West Barnstable	State MA	Zip 02668
4. Business Phone No. (508) 362-7417		5. State of Incorporation RHODE ISLAND		6. SIC Code 7098	
7. Brief Description of the Character of Business Conducted in Rhode Island Rental cottages					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name Carol L. Silverman			Vice President Name Ira F. Silverman		
Street Address 85 Main Street			Street Address 85 Main Street		
City West Barnstable	State MA	Zip 02668	City West Barnstable	State MA	Zip 02668
Secretary Name Madeline A. Burns			Treasurer Name Madeline A. Burns		
Street Address 16245 North 65th Place			Street Address 16245 North 65th Place		
City Scottsdale	State AZ	Zip 85254	City Scottsdale	State AZ	Zip 85254
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name Carol L. Silverman			Director Name Ira F. Silverman		
Street Address 85 Main Street			Street Address 85 Main Street		
City West Barnstable	State MA	Zip 02668	City West Barnstable	State MA	Zip 02668
Director Name Madeline A. Burns			Director Name		
Street Address 16245 North 65th Place			Street Address		
City Scottsdale	State AZ	Zip 85254	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 03-30-99
Check No.: 1277
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/5/99
Print or Type Name of Officer: John S. Pfarr
Title of Officer: Assistant Secretary

THE HILL AT MILL POND, INC.

Corporate ID 85572

Annual Report for the year 1999

The Name of the Additional Officer is:

Assistant Secretary John S. Pfarr 120 Wayland Avenue, Providence, RI 02906



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85572		2. Name of Corporation The Hill At Mill Pond, Inc.			
3. Street Address Principal Business Office 79 Marble Road			City Barnstable	State MA	Zip 02630
4. Business Phone No. (508) 362-7417		5. State of Incorporation RHODE ISLAND			6. SIC Code 7096
7. Brief Description of the Character of Business Conducted in Rhode Island Rental Cottages					

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Carol L. Silverman			Vice President Name Ira F. Silverman		
Street Address 79 Marble Road			Street Address 79 Marble Road		
City Barnstable	State MA	Zip 02630	City Barnstable	State MA	Zip 02630
Secretary Name Madeline A. Ihley			Treasurer Name Madeline A. Ihley		
Street Address 16245 North 65th Place			Street Address 16245 North 65th Place		
City Scottsdale	State AZ	Zip 85254	City Scottsdale	State AZ	Zip 85254

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carol L. Silverman			Director Name Ira F. Silverman		
Street Address 79 Marble Road			Street Address 79 Marble Road		
City Barnstable	State MA	Zip 02630	City Barnstable	State MA	Zip 02630
Director Name Madeline A. Ihley			Director Name		
Street Address 16245 North 65th Place			Street Address		
City Scottsdale	State AZ	Zip 85254	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 5.14.98
Check No.: 1147
By: lwp

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.

John S. Pfarr 1/30/98
Signature of Officer Date
John S. Pfarr
Assistant Secretary
Title of Officer

1998 Annual Report
THE HILL AT MILL POND, INC.
Corporate ID 85572

The Name of the Additional Officer Is:

Assistant Secretary John S. Pfarr 120 Wayland Avenue, Providence, RI 02906

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 85572		2. Name of Corporation The Hill At Mill Pond, Inc.			
3. Street Address Principal Business Office 79 Marble Road			City Barnstable	State MA	Zip 02630
4. Business Phone No. (508) 362-7417		5. State of Incorporation RHODE ISLAND		6. SIC Code 7096	
7. Brief Description of the Character of Business Conducted in Rhode Island Rental Cottages					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Carol L. Silverman			Vice President Name Ira F. Silverman		
Street Address 79 Marble Road			Street Address 79 Marble Road		
City Barnstable	State MA	Zip 02630	City Barnstable	State MA	Zip 02630
Secretary Name Madeline A. Ihley			Treasurer Name Madeline A. Ihley		
Street Address 16245 North 65th Place			Street Address 16245 North 65th Place		
City Scottsdale	State AZ	Zip 85254	City Scottsdale	State AZ	Zip 85254
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carol L. Silverman			Director Name Ira F. Silverman		
Street Address 79 Marble Road			Street Address 79 Marble Road		
City Barnstable	State MA	Zip 02630	City Barnstable	State MA	Zip 02630
Director Name Madeline A. Ihley			Director Name		
Street Address 16245 North 65th Place			Street Address		
City Scottsdale	State AZ	Zip 85254	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/6/97
Check No.: 1177
By: [Signature]

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.

Signature of Officer: [Signature] Date: 1/31/97
Print or Type Name of Officer: John S. Pfarr
Title of Officer: Assistant Secretary

1997 Annual Report
THE HILL AT MILL POND, INC.
Corporate ID 85572

The Name of the Additional Officer Is:

Assistant Secretary John S. Pfarr 120 Wayland Avenue, Providence, RI 02906

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85572		2. NAME OF CORPORATION The Hill At Mill Pond, Inc.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 79 Marble Road				CITY Barnstable	STATE MA	ZIP CODE 02630	
4. BUSINESS PHONE NO. (508) 362-7417			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 7096	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Rental Cottages							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME (SEE ATTACHED SHEET)				VICE PRESIDENT NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
STATE		ZIP CODE		CITY		STATE	
SECRETARY NAME				TREASURER NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
STATE		ZIP CODE		CITY		STATE	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME (SEE ATTACHED SHEET)				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
STATE		ZIP CODE		CITY		STATE	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		ZIP CODE		CITY	
STATE		ZIP CODE		CITY		STATE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
8,000 SHS	NO PAR VALUE			100	Common	No Par Value	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/22/96
 Check No: 1652
 By: [Signature]
 For Secretary of State Use Only

[Signature]
 Signature of Officer
John S. Pfarr
 Print or Type Name of Officer
Assistant Secretary
 Title of Officer
3/20/96
 Date

1996 Annual Report
THE HILL AT MILL POND, INC.
Corporate ID 85572

The Names of the Officers are:

President	Carol L. Silverman	79 Marble Road, Barnstable, MA 02630
Vice President	Ira F. Silverman	79 Marble Road, Barnstable, MA 02630
Secretary/Treasurer	Madeline A. Ihley	19 Middle Street, Barrington, RI 02806
Assistant Secretary	John S. Pfarr	461 Chapel St., P.O. Box 429, Block Island, RI 02807

The Names of the Directors are:

Carol L. Silverman	79 Marble Road, Barnstable, MA 02630
Ira F. Silverman	79 Marble Road, Barnstable, MA 02630
Madeline A. Ihley	19 Middle Street, Barrington, RI 02806