State of Rhode Island
Department of State - Business Services Division

MAY 07 2024
11183 SR

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
000152574	MICHAEL J. HILL C.P.A., INC.

3. Principal Office Address	City	State	Zip
6 Blackstone Valley Place, Suite 401	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541211	To Provide Public Accounting Services, Included, But Not Limited To, Accounting, Bookkeeping, Consulting and Tax Services.
5. State of Incorporation	
RHODE ISLAND	

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

President Name	Vice-President Name
MICHAEL J. HILL	MICHAEL J. HILL
Street Address: 500 MENDON ROAD, UNIT 36	Street Address: 500 MENDON ROAD UNIT 36
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
MICHAEL J. HILL	MICHAEL J. HILL UNIT 36
Street Address: 500 MENDON ROAD UNIT 36	Street Address: 500 MENDON ROAD
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864

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	COMMON/VOTING	NO PAR VALUE
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
MICHAEL J. HILL	5-3-2024

Signature of Authorized Representative: Michael J. Hill

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