



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2025**

Corporation

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

REC'D: RIDOS BSD
25 MAR 14 AM 10:38:12

1. Entity ID Number 53067		2. Exact name of the Corporation Split Rock Corporation			
3. Principal Office Address 7919 Post Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island The operation of a trailer/mobile home park and related purposes.			
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 Richard L. H. Palmer			Vice-President Name Judith M. Palmer		
Street Address 7919 Post Road			Street Address 7919 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Judith M. Palmer			Treasurer Name Richard L. H. Palmer		
Street Address 7919 Post Road			Street Address 7919 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard L. H. Palmer			Director Name Judith M. Palmer		
Street Address 7919 Post Road			Street Address 7919 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				No par value	
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 Richard L. H. Palmer				Date 3/15/25	
Signature of Authorized Representative 					

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

FILED

MAR 14 2025

FORM 630- Revised 12/2023

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