



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

Annual Report for the year: 2022  
 Corporation

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

**FILED  
 STAMP  
 FEB 25 2022**  
 BY: *[Signature]*

1. Entity ID Number 001720359		2. Exact name of the Corporation Ballard Hall Sales Group						
3. Principal Office Address 461 Chapel Street / PO BOX 1885				City Block Island		State RI	Zip 02807	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Sales						
5. State of Incorporation Rhode Island								
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
President: Name Gail Ballard Hall			Vice-President: Name Robin Lewis Vila					
Street Address PO BOX 90			Street Address PO BOX 1844					
City Block Island		State RI	Zip 02807		City Block Island		State RI	Zip 02807
Secretary Name Corlies Black			Treasurer Name Corlies Black					
Street Address PO BOX 134			Street Address PO BOX 134					
City Block Island		State RI	Zip 02807		City Block Island		State RI	Zip 02807
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
			1000.00		CNP		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. <i>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.</i>								
Name of Authorized Representative Gail Ballard Hall						Date 02/21/2022		
Signature of Authorized Representative <i>Gail Ballard Hall</i>								

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov