



Annual Report for the year: 2023
Corporation

MAR 14 2023

1072402

- 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 000152574			2. Exact name of the Corporation Michael J. Hill C.P.A., Inc.		
3. Principal Office Address 6 Blackstone Valley Place, Suite 401			City Lincoln	State RI	Zip 02865
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name MICHAEL J. HILL		Vice-President Name 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 MICHAEL J. HILL		Treasurer Name 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
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 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	PAR VALUE
			100	common/voting	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 MICHAEL J. HILL					Date 3-8-2023
Signature of Authorized Representative <i>Michael J. Hill</i>					

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