



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2020 MAR -9 AM 11:26

1. Entity ID Number 1685047		2. Exact name of the Corporation Hill & Harbour Neighborhood Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Volunteer non-profit organization committed to building a better community, raising awareness and improving on the districts preservation, historical community and quality of life for those who live, work, and raise families within our boundaries.			
4. NAICS Code 813110					
6. Principal Office Address 56 Somerset Street			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristina Stark			Vice-President Name Marisa Pollard		
Street Address 56 Somerset Street			Street Address 28 Marion Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name James Gorham			Treasurer Name Michael Brennan		
Street Address 118 Duke Street			Street Address 4 Exchange Street #4		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Camille Specca			Director Name Mercedes McAndrews		
Street Address 35 Liberty Street			Street Address 55 Green Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Beth Adams			Director Name		
Street Address 43 Liberty Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael E. Brennan Treasurer				Date 12/9/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED 11:27	

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

MAR 09 2020

BY