



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 45314		2. Name of Corporation Hillview Condominium Association Inc			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 2 FERA STREET		City N. PROV.	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island COLLECT CONDO FEES AND PAY CONDO EXPENSES					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KAREN ROY			Vice President Name KYLE YEE		
Street Address 2 FERA STREET 201			Street Address 2 FERA STREET 108		
City N. PROV.	State RI	Zip 02904	City NPROV	State RI	Zip 02904
Secretary Name KAREN ROY			Treasurer Name KYLE YEE		
Street Address 2 FERA STREET 201			Street Address 2 FERA STREET 108		
City NPROV	State RI	Zip 02904	City NPROV	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name KAREN ROY			Director Name KYLE YEE		
Street Address 2 FERA STREET #201			Street Address 2 FERA STREET 108		
City NPROV	State RI	Zip 02904	City NPROV	State RI	Zip 02904
Director Name PATRICIA GERUSO			Director Name PAUL LANCIA		
Street Address 2 FERA STREET 104			Street Address 2 FERA STREET 304		
City NPROV	State RI	Zip 02904	City NPROV	State RI	Zip 02904
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name TAYLOR - MADE			Address		
Address 601 FLEETWOOD DRIVE			City SANDYSTOWN	Zip 02874	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Karen Roy 09/17/08
Signature of Officer Date

KAREN ROY
Print or Type Name of Officer

PRESIDENT
Title of Officer

FILED
SEP 22 2008
SEP 22 2008
By: 068751
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