RI SOS Filing Number: 200946077900 Date: 06/01/2009 4:00 PM

Office of the Secretary of State

148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
000026368	hill pasture improvement asso.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	75B pond st., charlestown RI	charlestown	02813
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

asso. of property owners for maintenance of common grounds

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
steve schaus			roland stern		
Street Address			Street Address		
65 pond st., pob 1378			64 pond st., pob 72		
City	State	Zip	City	State	Zip
charlestown	RI	02813	charlestown	RI	02813
Secretary Name			**Treasurer Name**		
del harmon			lawson durfee		
Street Address			Street Address		
3896 plum run ct.			75 B pond st., pob 730		
City	State	Zip	City	State	Zip
fairfax	VA	22033	charlestown	RI	02813

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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			Director Name		
steve schaus			roland stern		
Street Address			Street Address		
65 pond st., pob1378			64 pond st., pob 72		
City	State	Zip	City	State	Zip
charlestown	RI	02813	charlestown	RI	02813
Director Name			**Director Name**		
lawson durfee					
Street Address			Street Address		
75 B pond st., pob730					
City	State	Zip	City	State	Zip
charlestown	RI	02813			

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 000026368 [redacted]

FILED

File Date JUN 01 2009

Check No. RV214

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — *Date* 29 may 09

lawson w durfee
Print or Type Name of Officer

[redacted] treasurer
Title of Officer

Form 631 Rev. 09/17

34565-33-359812