

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Arovidence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\angle 000$

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 TOP OF THE HILL ASSOCIATION						
3. State of Incorporation RHODE ISLAMO	4. Corporate address in Rt. CDR, MORIDA	oode island - Street Address) 45 CATHERIN	E ST RI 02848	NEWPORT	^{Zup} 02840	
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 FOR THE BEAUTIFICATION HILD A NEIGHBORHOOD ASSOCIATION ORGANIZED PRESERVATION OF OURNEIGHBORHOO						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name KOBERT S, MORTON			Vice President Siame BERUIER			
Street Address CATHERINE ST			Street Address AYRAULT ST			
CHY NEWPORT	Stage I	^{zi} 02840	WEWPORT .	State L	202840	
SUNNY BEST			Treasurer Name HANK KNISKERN			
Street Address CATHERINE ST			Street Address KAY ST			
CUYNEWPORT	State RI	Zip 02848	WEWPORT	State	02840	
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						
SUSAU MCOY			ROUALD BERUIER			
Street AMPAULT ST			Street Address AYRAULT ST			
CHVEWPORT	State RI	^{zip} 02840	WEWPORT	State RI	202848	
Director Name ERT S. MORTON			Director Name			
Street Address CATHERINE ST			Street Address			
CHYVEWPORT	State RI	Zip 02848	City	State	Zip	
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						

	Under penalty of perjury, I declare and affirm t report, including any accompanying schedules ar
File Date FILED	statements contained berein at true and correct.
Check No UN 1 5 2009	Signature of Officer ROBERT S. MORTO
Ву: Ву 1999	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

hat I have examined this d statements, and that all Form 631 Rev. 09/17