

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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					
158357		The Highlands at Hopkins Hill Condominium Association, Inc.					
3. State of Incorporation	1 *	lress in Rhode Island - Street i	Address	City	Zip		
Rhode Island	207 Quake	r Lane Suite 300		West Warwick	02893		
5. Foreign corporation. Enter principal office address			City	State	Zip		
5. Brief Description of the char	racter of the affairs whic	b are actually conducted in R	bode Island		<u> </u>		
Condominium Associat	tion						
. NAMES AND ADDRE	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS		
President Name			Vice President Name				
Nicholas E. Cambio			None				
Street Address			Street Address				
207 Quaker Lane Su				····	1		
Cuy	State	Zip	City	State	Ζίp		
Vest Warwick	RI	02893		<u> </u>			
Secretary Name			Treasurer Name				
lone			None				
treet Address			Street Address				
Zity	State	Zip	City	State	Zip		
3. NAMES AND ADDRE	 ESSES OF THE DIF	 RECTORS: ("X" BOX FOR	 R <i>ATTACHMENT</i>)	 CES BEFORE USING ATTA	 CHMENTS		
			IND) CORPORATION SHALL I				
Director Name			Director Name	•			
Nicholas E. Cambio			Melissa Faria	Molicea Faria			
NICHOIAS E. CAMIDIO Street Address			Street Address				
207 Quaker Lane Suite 300			207 Quaker Lane Si	207 Quaker Lane Suite 300			
Зіу	State	Zip	City	State	Zip		
Nest Warwick	RI	02893	West Warwick	RI	02893		
Director Name			Director Name				
Vincent A. Cambio							
Street Address			Street Address				
207 Quaker Lane Su	ite 300						
Tity	State	Zip	City	State	Zip		
West Warwick	RI	02893	ļ				
9. REGISTERED AGEN	T IN RHODE ISLA	ND .		•	-		
TPL:: :F		- Office of the Court	of State Changes require Elim-	FE 641 DICI 7 4 12	17 4 70		
i his information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing o	I FORM 041 - K.I.G.L. /-0-13	0//-0-/8		
This report	must be signed by	either the President, Vi	ce President, Secretary, Assistar	nt Secretary, Treasurer, Rec	eiver or Trustee		

	HILED	1
Date	MAY 2 6 2011	
Y	1010	

158357

Under penalty of perjury, I declare and a	
report, including any accompanying sched	lules and statements, and that all
statements contained herein are true and o	or/#.//
Signatur of Mice	Date
Nicholas E	Cambio
Print or Type Name of Officer	
resident/	Disector
Title of Officer	
	Form 631 Rev. 09/17