



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 75710		2. Exact name of the Corporation Hillsdale Housing Cooperative Corporation, Inc.			
3. Principal office address 465 Gardiner Road, Box 113			City Westington	State RI	Zip 02892
4. Business Phone No. 401-601-9170			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To acquire, lease, maintain and improve certain land improvements in Richmond, RI commonly known as Hillsdale Mobile Home.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Maria Tavares			Vice-President Name Judith Joli		
Street Address 464 Gardiner Road, Lot 113			Street Address 464 Gardiner Road, Lot 126		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Diane Hartman			Treasurer Name Michael Limoges		
Street Address 464 Gardiner Road LOT 130			Street Address 464 Gardiner Road #39		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul Teves			Director Name Lawrence Buonfiglio		
Street Address 465 Gardiner Road, Lot 132			Street Address 465 Gardiner Road, Lot 58		
City West Kingston RI	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Patricia Labrie			Director Name		
Street Address 465 Gardiner Road #103			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 13 2013

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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.

Maria Tavares 1/16/2013
 Signature of Authorized Representative Date

Maria Tavares, President

Print or Type Name of Authorized Representative