



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26048		2. Exact name of the Corporation Castle Hill Neighborhood Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promotion of organized community action; interest in local civic affairs.			
5. Principal office address c/o J.M. Henry 3 Mary Jane Lane			City Newport	State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mr. Rick Farrick			Vice-President Name Mr. William Connor		
Street Address 17 Atlantic Ave			Street Address 11 Chartier Circle		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Dr. Alex Gaudio			Treasurer Name Ms. Jeanne Henry		
Street Address 591 Ocean Ave			Street Address 3 Mary Jane Lane		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mr. Robert Coulombe, Sr.			Director Name RADM Glenn Whisler, USN-ret.		
Street Address 511 Ocean Avenue			Street Address 26 Castle Hill Rd.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mr. William Spencer			Director Name Ann Zvanovec		
Street Address 1 Janet Terrace			Street Address 6 Mary Jane Lane		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 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.

Jeanne M. Henry 6/7/2013
 Signature of Officer Date

Jeanne M. Henry
 Print or Type Name of Officer

Treasurer
 Title of Officer