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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
111267	HILLSIDE CHARITABLE ORGANIZATION, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	RAISE FUNDS TO BE ABLE TO ASSIST THOSE IN NEED

5. Principal office address	City	State	Zip
2A GIBBS AVENUE	NEWPORT	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
JOHN DIAS			JOSEPH LALLI, JR.		
Street Address			Street Address		
166 ARNOLD STREET			90 PASTYRE FARM ROAD		
City	State	Zip	City	State	Zip
RIVERSIDE	RI	02915	MIDDLETOWN	RI	02842
Secretary Name			Treasurer Name		
THOMAS CORNELL					
Street Address			Street Address		
2 A GIBBS AVENUE					
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
RYAN KIRWIN			SHAWN MAHONEY		
Street Address			Street Address		
6 KEY COURT			15 MIDDLE ROAD		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	PORTSMOUTH	RI	02871
Director Name			Director Name		
JOSEPH VENDITTELLI					
Street Address			Street Address		
15 KINGSTON STREET					
City	State	Zip	City	State	Zip
NEWPORT	RI	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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 04 2014
BY 2265

File Date _____
Check No _____
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.

Thomas Cornell 5-11-14
Signature of Officer or Authorized Representative Date

THOMAS CORNELL
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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