



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000027927

2. Name of Corporation Buck Hill Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 316 STAGHEAD DRIVE

City or Town: PASCOAG

State: RI

Zip: 02859

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOMEOWNERS ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHANNA M BARRY	15 STAGHEAD DR PASCOAG, RI 02859 USA
TREASURER	LAWRENCE BARRY	15 STAGHEAD DR PASCOAG, RI 02859 USA
SECRETARY	SHARON LIZOTTE	316 STAGHEAD DR

		PASCOAG, RI 02859 USA
VICE PRESIDENT	PENNY RENDEIR	371 STAGHEAD DR PASCOAG, RI 02859 USA
DIRECTOR	LAWRENCE BARRY	15 STAGHEAD DR PASCOAG, RI 02859 USA
DIRECTOR	MITCHELL PARKHURST	78 STAGHEAD DR PASCOAG, RI 02859 USA
DIRECTOR	PAULA VITIELO	WALLUM LAKE RD PASCOAG, RI 02859 US
DIRECTOR	RENE VITIELO	WALLUM LAKE PASCOAG, RI 02859 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SHARON LIZOTTE 316 STAGHEAD DRIVE PASCOAG , RI 02859

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of July, 2014 at 5:12:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SHANNA BARRY
Signature of Authorized Person

Form No. 631
Revised 09/07

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