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 2015

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.	2. Exact name of the Corporation
75710	Hillsdale Housing Cooperative Corporation, Inc.

3. Principal office address	City	State	Zip
100 Jefferson Blvd. Suite 205	Warwick	RI	02888

4. Business Phone No.	5. State of Incorporation
401-463-8448	RI

6. Brief description of the character of business conducted in Rhode Island
Mobile Home Park

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

President Name	Street Address	City	State	Zip
Patricia Labrie	464 Gardiner Road # 103	West Kingston	RI	02892

Vice-President Name	Street Address	City	State	Zip
James Brear	464 Gardiner Road # 107	West Kingston	RI	02892

Secretary Name	Street Address	City	State	Zip
Mary McCabe	465 Gardiner Road # 14	West Kingston	RI	02892

Treasurer Name	Street Address	City	State	Zip
Richard Normandin	464 Gardiner Road # 135	West Kingston	RI	02892

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
Patricia Labrie	464 Gardiner Road # 103	West Kingston	RI	02892

Director Name	Street Address	City	State	Zip
James Brear	464 Gardiner Road # 107	West Kingston	RI	02892

Director Name	Street Address	City	State	Zip
Mary McCabe	465 Gardiner Road # 14	West Kingston	RI	02892

Director Name	Street Address	City	State	Zip
Richard Normandin	464 Gardiner Road # 135	West Kingston	RI	02892

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
904		0

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
MAR 26 2015
BY

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.

Barbara Perrino
Signature of Authorized Representative Date

Barbara Perrino, Managing Agent
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

NON-PROFIT CORPORATION ANNUAL REPORT ADDENDUM - 2015

Hillsdale Housing Cooperative Corporation, Inc.
Entity ID Number: 75710

Director Name Ann Stamas			*Director Name*		
Street Address 464 Gardiner Road # 117			*Street Address*		
City West Kingston	*State* RI	*Zip* 02892	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

FILED

MAR 26 2015

BY