



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: 2015

1. Corporate ID No. 000923533

2. Name of Corporation H.I.N.E. ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 797 BALD HILL ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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

EDUCATIONAL AND COMMERCIAL 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	THOMAS SPAULDING	281 WEST MAIN STREET CONWAY, NH 03818 USA
TREASURER	MAUREEN BROWN	23 BAYVIEW DRIVE ST, ALBANS, VT 05478 USA
SECRETARY	LURIE RICHARDSON	288 CIRCLE DRIVE

		W. SPRINGFIELD, MA 01089 USA
DIRECTOR	MAUREEN BROWN	23 BAYVIEW DRIVE ST. ALBANS, VT 05478 USA
VICE PRESIDENT	MICHAEL BUDDMEYER	73 POTOMAC RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	LURIE RICHARDSON	288 CIRCLE DRIVE W. SPRINGFIELD, MA 01089 USA
DIRECTOR	MICHAEL BUDDMEYER	73 POTOMAC RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	THOMAS SPAULDING	281 WEST MAIN STREET CONWAY, NH 03818 USA

**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**

JOSEPH J. MCGAIR 797 BALD HILL ROAD WARWICK , RI 02886

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

Signed this 10 Day of June, 2015 at 5:46:28 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 MAUREEN BROWN
Signature of Authorized Person

Form No. 631
Revised 09/07

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