

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 2015

1. Entity ID No. 517405	Pine Hill	2. Exact name of the Corporation Pine Hill Condominium Association, Inc.				
3. State of Incorporation	4. Brief des Manager	4. Brief description of the character of business conducted in Rhode Island Management and Operation of a Condominium Association				
Principal office address 07 Quaker Lane, Suite 300			City West Warwick	State RI	Zip 02893	
LIST ALL OFFICERS (NA	MES AND ADDE	ESSES) ("X" BOX FO	OR ATTACHMENT)	<u> </u>		
President Name Nicholas E. Cambio			Vice-President Name None			
Street Address 2 <mark>07 Quaker Lane, Suit</mark>	e 300		Street Address			
City Vest Warwick	State RI	Zip 02893	City	State	Zip	
ecretary Name One		Treasurer Name None				
treet Address		1.10	Street Address			
Sity	State	Zip	City	State	Zip	
LIST ALL DIRECTORS (N ("X" BOX FOR ATTACHM	AMES AND ADD	PRESSES). RHODE IS	Director Name	ST NO LESS THAN	THREE (3) DIREC	
Nicholas E. Cambio			Melissa A. Faria			
Street Address 207 Quaker Lane, Suite 300			Street Address 207 Quaker Lane, Suite 300			
ity Vest Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
rector Name incent A. Cambio			Director Name			
treet Address 07 Quaker Lane, Suite 300			Street Address			
ity Vest Warwick	State RI	Zip 02893	City	State	Zip	
REGISTERED AGENT IN I	RHODE ISLAND					
his information is currently	of record in the	Office of the Secret	ary of State. Changes require filing	g Form 641.		
nis report must be signed by Trustee	either the Preside	ent, Vice-President, Se	ecretary, Assistant Secretary, Treasur	er, duly Authorized	Representative, Re	

		Under penalty of perjury, I declare and affirm that I hav
File Date	· ·	this report, including any accompanying schedules an and that all statements contained herein are true and c
Check No	FILED	
Ву:	DEC 0 9 2015	Signature of Officer or Authorized Representative
FOR SECRETARY OF STATE USE ON	ILY 0(00848 _	
	By	Nicholas E. Cambio President/Director
orm No. 631 evised: 04/2014	A.H.	Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014 Date