



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. 8342		2. Exact name of the Corporation Forest Hills Homeowners' Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to make decisions for the maintenance and upkeep of the Forest Hills Development			
5. Principal office address P.O. Box 95		City Exeter		State RI	Zip 02822
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lori Hauser		Vice-President Name none			
Street Address 106 Ridge Drive		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Donna DiDinato		Treasurer Name Madinia Proyou			
Street Address 130 Ridge Drive		Street Address 22 Ridge Drive			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lori Hauser		Director Name Madinia Proyou			
Street Address 106 Ridge Drive		Street Address 22 Ridge Drive			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Donna DiDinato		Director Name			
Street Address 130 Ridge Drive		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip
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

File Date

MAR 14 2016

Check No

By:

BY CU 269982

12:25

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.

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Lori Hauser

Print or Type Name of Officer or Authorized Representative