



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: 2016

1. Corporate ID No. 000069888

2. Name of Corporation South Hills Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O JOANNE SAMBORSKY
P.O. BOX 10165

City or Town: CRANSTON

State: RI Zip: 02920 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

TO OVERSEE THE OPERATION OF THE CONDIMINIUM PROJECT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOANNE SAMBORSKY	P.O. BOX 10165 CRANSTON, RI 02920 USA
TREASURER	MARILYN WALASKA	11 OBSERVATORY AV NO PROVIDENCE, RI 02904 USA

SECRETARY	MARILYN WALASKA	11 OBSERVATORY AV CRANSTON, RI 09904 USA
DIRECTOR	MARILYN WALASKA	10 OBSERVATORY AV NO PROVIDENCE, RI 02904 USA
DIRECTOR	JOANNE SAMBORSKY	P.O. BOX 10165 CRANSTON, RI 02920 USA
DIRECTOR	JANETTE MARIORENZA	10 JOSEPHINE ST #208 NORTH PROVIDENCE, RI 02904 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**

DEBRA S. COSTA INTERLINK PROPERTY MANAGEMENT 9 HOLMES ROAD COVENTRY , RI 02816

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

Signed this 25 Day of May, 2016 at 7:06:31 AM 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 DEBRA S. COSTA
Signature of Authorized Person

Form No. 631
Revised 09/07