



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
111267		HILLSIDE CHARITABLE ORGANIZATION INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		RAISE FUNDS TO BE ABLE TO ASSIST THOSE IN NEED			
5. Principal Office Address			City	State	Zip
2A GIBBS AVENUE			NEWPORT	RI	02840
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN DIAS			Vice-President Name JOSEPH LALLI JR.		
Street Address 166 ARNOLD STREET			Street Address 90 PASTYRE FARM ROAD		
City RIVERSIDE	State RI	Zip 02915	City MIDDLETOWN	State RI	Zip 02842
Secretary Name THOMAS CORNELL			Treasurer Name		
Street Address 2A GIBBS AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name RYAN KIRWIN			Director Name SHAWN MAHONEY		
Street Address 6 KEY COURT			Street Address 15 MIDDLE ROAD A		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
Director Name JOSEPH VENDITTELLI			Director Name		
Street Address 15 KINGSTON STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Thomas Cornell - SEC/TREASURER				Date 6.30.16	
Signature of Officer/Authorized Representative Thomas Cornell				SIGN DOCUMENT HERE	

FILED *W*
 JUL 11 2016

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