

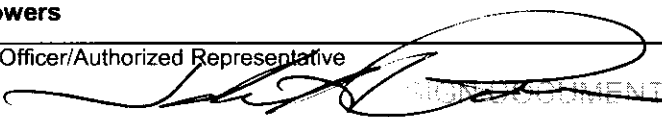


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26372		2. Exact name of the Corporation Hill Top Beach Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Management & maintenance of community parking lot			
5. Principal Office Address 506 Green Hill Beach Road			City Wakefield	State RI	Zip 02879
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John H. Powers			Vice-President Name		
Street Address 506 Green Hill Beach Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Mary Sano			Treasurer Name David Mitchell		
Street Address 161 West 61st Street - Apt. 30B			Street Address 526 Green Hill Beach Road		
City New York	State NY	Zip 10023	City Wakefield	State RI	Zip 02879
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 John H. Powers			Director Name David Mitchell		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Mary Sano			Director Name		
Street Address same as above			Street Address		
City	State	Zip	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 John H. Powers				Date 7/17/16	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 20 2016
 BY 241
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FORM 631 - Revised: 05/2016