



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2016**

Non-Profit Corporation

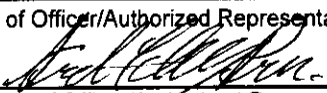
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number <b>517405</b>		2. Exact name of the Corporation <b>Pine Hill Condominium Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Management and operation of a condominium association</b>			
5. Principal Office Address <b>25 Sonya Drive</b>		City <b>Coventry</b>		State <b>RI</b>	Zip <b>02816</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Armand Cortellesso</b>			Vice-President Name <b>Vivean Peasley</b>		
Street Address <b>106 Ten Road Road</b>			Street Address <b>9 Sonya Drive</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Ted Tracy</b>			Treasurer Name <b>Ted Tracy</b>		
Street Address <b>25 Sonya Drive</b>			Street Address <b>25 Sonya Drive</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Armand Cortellesso</b>			Director Name <b>Vivean Peasley</b>		
Street Address <b>106 Ten Road Road</b>			Street Address <b>9 Sonya Drive</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>Ted Tracy</b>			Director Name		
Street Address <b>25 Sonya Drive</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	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.					
<b>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.</b>					
<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 				Date <b>3/24/17</b>	
Signature of Officer/Authorized Representative					

**FILED**

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

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BY ce 299767

FORM 631 - Revised: 02/2017