



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 517405		2. Exact name of the Corporation Pine Hill Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Management and operation of a condominium association			
5. Principal Office Address 25 Sonya Drive			City Coventry	State RI	Zip 02816
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armand Cortelleso			Vice-President Name Vivean Peasley		
Street Address 106 Ten Road Road			Street Address 9 Sonya Drive		
City Exeter	State RI	Zip 02822	City Coventry	State RI	Zip 02816
Secretary Name Ted Tracy			Treasurer Name Ted Tracy		
Street Address 25 Sonya Drive			Street Address 25 Sonya Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Armand Cortelleso			Director Name Vivean Peasley		
Street Address 106 Ten Road Road			Street Address 9 Sonya Drive		
City Exeter	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Ted Tracy			Director Name		
Street Address 25 Sonya Drive			Street Address		
City Coventry	State RI	Zip 02816	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 					Date 3/24/17
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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