



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

Annual Report for the year: 2017  
 Non-Profit Corporation

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 BUS SVCS DIV

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- 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<br><b>148991</b>   |                    | 2. Exact name of the Corporation<br><b>Hillcrest Village Tenants Assoc.</b>   |                           |                           |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>Tenants association (social club)</b> |                           |                           |                     |
| 4. NAICS Code  |                    |   |                           |                           |                     |
| 6. Principal Office Address<br><b>40 Leander St #508</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>        | Zip<br><b>02909</b>       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                           |                           |                     |
| President Name<br><b>Russell Correno</b>   |                    | Vice-President Name<br><b>Filomena Swirel</b>   |                           |                           |                     |
| Street Address<br><b>40 Leander St #508</b>  |                    | Street Address<br><b>40 Leander St #418</b>   |                           |                           |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>   | City<br><b>Providence</b> | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| Secretary Name<br><b>Ando m Harris</b>   |                    | Treasurer Name<br><b>Cydia Jimenez</b>  |                           |                           |                     |
| Street Address<br><b>40 Leander St #321</b>  |                    | Street Address<br><b>40 Leander St #114</b>   |                           |                           |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>   | City<br><b>Providence</b> | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 8. 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<br><b>Jonna Buxton</b>   |                    | Director Name<br><b>Diane Pastowski</b>   |                           |                           |                     |
| Street Address<br><b>40 Leander St #508</b>  |                    | Street Address<br><b>40 Leander St #218</b>   |                           |                           |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>   | City<br><b>Providence</b> | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| Director Name<br><b>Joyce Bullock-Mitchell</b>   |                    | Director Name   |                           |                           |                     |
| Street Address<br><b>40 Leander St #104</b>  |                    | Street Address  |                           |                           |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>   | City                      | State                     | Zip                 |
| 9. 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>        |                    |   |                           |                           |                     |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.  |                    |   |                           |                           |                     |
| Name of Officer/Authorized Representative<br><b>Russell Correno, President</b>   |                    |   |                           | Date<br><b>06-12-2017</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Russell Correno</i>   |                    |   |                           | <b>FILED</b>              |                     |

MAIL TO:  
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 148 W. River Street, Providence, Rhode Island 02904-2615  
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