



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000736021

**2. Name of Corporation** The North Hills Condominium Association, Inc

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813910

**4. Corporate Address in Rhode Island**

No. and Street: 1560 DOUGLAS AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE OPERATION AND MANAGEMENT OF THE CONDOMINIUM WHICH IS TO BE  
CREATED UPON LANDS LOCATED IN THE CITY OF NORTH PROVIDENCE, STATE OF  
RHODE ISLAND, AND HEREAFTER REFERRED TO AS THE CONDOMINIUM.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	JOHN CHELO	519 MENDON ROAD PO BOX 8000 CUMBERLAND, RI 02864 USA
SECRETARY	PASQUAINA PORRECA	1560 DOUGLAS AVE APT D45 NORTH PROVIDENCE, RI 02904 USA
PRESIDENT	ROBERT BONIN JR	1560 DOUGLAS AVE TH03 NORTH PROVIDENCE , RI 02904 USA
DIRECTOR	RAYMOND DESROCHERS	38 PINE HILL AVE. JOHNSTON, RI 02919 USA
DIRECTOR	PASQUAINA PORRECA	1560 DOUGLAS AVE. APT. D45 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ROBERT F. BONIN JR.	1560 DOUGLAS AVE. APT TH03 NORTH PROVIDENCE , RI 02904 USA
DIRECTOR	MORTON SCHLESINGER	1560 DOUGLAS AVE. APT. A08 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JOHN CHELO	519 MENDON ROAD PO BOX 8000 CUMBERLAND, RI 02864 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RICHARD J. HENNESSEY JR. 22 BURLINGAME ROAD SMITHFIELD , RI 02917

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 11 Day of July, 2017 at 10:50:42 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RICHARD J HENNESSEY JR  
Signature of Authorized Person

Form No. 631  
Revised 09/07