RI SOS Filing Number: 201747360640 Date: 7/14/2017 4:00:00 PM

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

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Annual Report for the year: 2017
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	2. Exact name of the Corporation
160268	**The Fruit Hill Neighborhood Association** (FHNA)
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
R.I.	**Neighborhood association; advocate for betterment and beautification of Fruit Hill.**
4. NAICS Code	
813990 - Other Similar Organiz	

6. Principal Office Address	City	State	Zip
157 Olney Avenue	**North Providence**	**RI**	**02911**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Wm McKenzie ("Mack") Woodward**			Vice-President Name **Angelyn Phillips**		
Street Address **157 Olney Avenue**			Street Address **101 Olney Avenue**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**
Secretary Name **Thomas Phillips**			Treasurer Name **Joseph J. Handly**		
Street Address **101 Olney Avenue**			Street Address **157 Olney Avenue**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Wm McKenzie ("Mack") Woodward**			Director Name **Angelyn Phillips**		
Street Address **157 Olney Avenue**			Street Address **101 Olney Avenue**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**
Director Name **Thomas Phillips**			Director Name **Joseph J. Handly**		
Street Address **101 Olney Avenue**			Street Address **157 Olney Avenue**		
City **North Providence**	State **RI**	Zip **02911**	City **North Providence**	State **RI**	Zip **02911**

9. 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.

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	Date
Joseph J. Handly	**11 July 2017**

Signature of Officer/Authorized Representative: Joseph J. Handly

FILED
JUL 14 2017
BY QD 308222

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

FORM 631 - Revised: 06/2017