



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

**Annual Report for the year: 2018**

**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 <b>29715</b>		2. Exact name of the Corporation <b>College Hill Neighborhood Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Providing information and resources to residents of the College Hill Neighborhood</b>			
4. NAICS Code <b>813319 - Other Social Advocac</b>					
6. Principal Office Address <b>P.O. Box 2442</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</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 <b>Joshua Eisen</b>			Vice-President Name <b>Heidi Helfetz</b>		
Street Address <b>328 Thayer Street</b>			Street Address <b>21 Pratt Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Richard Champagne</b>			Treasurer Name <b>Sara Bradford</b>		
Street Address <b>38 Jenkes Street</b>			Street Address <b>25 Creighton Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</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 checked="" type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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>					
<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 <b>Sara Bradford</b>					Date
Signature of Officer/Authorized Representative					

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

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 JUN 07 2018  
 BY 403 DS FORM 631 - Revised: 11/2017

President	Joshua Eisen 328 Thayer Street, Providence, RI 02906
Vice President	Heidi Heifetz 21 Pratt Street, Providence, RI 02906
Secretary	Richard Champagne 38 Jenkes Street, Providence, RI 02906
Treasurer	Sara Bradford 25 Creighton Street, Providence, RI 02906
Director	Edward Bishop 72 Waterman Street, Providence, RI 02906
Director	Warren Curtis 10 Lloyd Lane, Providence, RI 02906
Director	Barry Fain 48 Congdon Street, Providence, RI 02906
Director	Ryan Holt 54 Halsey St. unit 5, Providence, RI 02906
Director	Seth Kurn 248 Bowen Street, Providence, RI 02906
Director	Wendy Marcus 33 Benefit Street, Providence, RI 02906
Director	Charles O'Boyle 305 Brook Street, Providence, RI 02906
Director	Jared Sugerman 86 Grand View Street, Providence, RI 02906

**FILED**

JUN 07 2018

BY

403 DS

# 29715