



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

STAMP

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 8342		2. Exact name of the Corporation Forest Hills Homeowners' Association							
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To make decisions for the maintenance and upkeep of the Forest Hills Development							
4. NAICS Code 813990 - Other Similar Organiz:									
6. Principal Office Address P.O. Box 95				City Exeter		State RI		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name John Proyou					Vice-President Name None				
Street Address 22 Ridge Drive					Street Address				
City Exeter		State RI 02822		Zip		City		State Zip	
Secretary Name Marc Simonini					Treasurer Name Shirley Medici				
Street Address 54 Forest Hills Drive					Street Address 165 Ridge Drive				
City Exeter		State RI		Zip 02822		City Exeter		State RI Zip 02822	
8. 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 John Proyou					Director Name Shirley Medici				
Street Address 22 Ridge Drive					Street Address 165 Ridge Drive				
City Exeter		State RI		Zip 02822		City Exeter		State RI Zip 02822	
Director Name Marc Simonini					Director Name None				
Street Address 54 Forest Hills Drive					Street Address				
City Exeter		State RI		Zip 02822		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.									
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.									
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>									
Name of Officer/Authorized Representative John Proyou							Date 6/12/2018		
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

SIGN JOINTLY HERE

JUN 18 2018

BY