

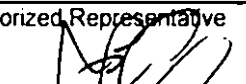


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

STAMP

- 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 000026368		2. Exact name of the Corporation Hill Pasture Improvement Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ASSOCIATION OF PROPERTY OWNERS FOR THER MAINTENANCE OF COMMON GROUNDS			
4. NAICS Code 813410					
6. Principal Office Address 1 RICHMOND SQUARE, 125B			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRY ROY			Vice-President Name MILDRED PILCH		
Street Address 1 RICHMOND SQUARE, SUITE 125B			Street Address 70 POND STREET		
City PROVIDENCE	State RI	Zip 02906	City CHARLESTOWN	State RI	Zip 02813
Secretary Name LAWSON WILLIAM DURFEE			Treasurer Name LAWSON WILLIAM DURFEE		
Street Address 75B POND STREET			Street Address 75B POND STREET		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 LAWSON WILLIAM DURFEE			Director Name STEVE SHAUS		
Street Address 75B POND STREET			Street Address 65 POND STREET		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name ROLAND STERN			Director Name		
Street Address 64 POND STREET			Street Address		
City CHARLESTOWN	State RI	Zip 02813	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.					
<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 HENRY ROY / PRESIDENT				Date 7/25/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

JUL 27 2018

BY

347 DS

FORM 631 - Revised: 11/2017