



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

STAMP

Annual Report for the year: 2019  
 Corporation

- Filing period: January 1.-March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000675710</b>		2. Exact name of the Corporation <b>Hillsdale Housing Cooperative Corporation, Inc</b>	
3. Principal Office Address <b>10 Clarkin Corp 2000 Warwick Ave</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02889</b>	
4. NAICS Code <b>531120</b>	6. Brief description of the character of business conducted in Rhode Island <b>Mobile home park</b>		
5. State of Incorporation <b>RI</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>James Brear</b>		Vice-President Name <b>Joseph DeSantis</b>	
Street Address <b>464 Gardiner Rd Lot 107</b>		Street Address <b>464 Gardiner Rd Lot 130</b>	
City <b>West Kingston</b>	State <b>RI</b>	City <b>West Kingston</b>	State <b>RI</b>
Zip <b>02892</b>		Zip <b>02892</b>	
Secretary Name <b>Donald Nelson</b>		Treasurer Name <b>Shirley McKenna</b>	
Street Address <b>465 Gardiner Rd Lot 67</b>		Street Address <b>465 Gardiner Rd Lot 73</b>	
City <b>West Kingston</b>	State <b>RI</b>	City <b>West Kingston</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02892</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Susan Mc Dermott</b>		Director Name <b>Robert Hawkins</b>	
Street Address <b>465 Gardiner Rd Lot 59</b>		Street Address <b>465 Gardiner Rd Lot 64</b>	
City <b>West Kingston</b>	State <b>RI</b>	City <b>West Kingston</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02892</b>	
Director Name <b>Paul Bettez</b>		Director Name	
Street Address <b>465 Gardiner Rd Lot 27</b>		Street Address	
City <b>West Kingston</b>	State <b>RI</b>	City	State
Zip <b>02892</b>		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>0</b>	<b>0</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
<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>			
Name of Authorized Representative 			Date
Signature of Authorized Representative			

SIGN DOCUMENT HERE

**FILED**