



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

Annual Report for the year: **2019**

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.

STAMP

1. Entity ID Number 30824		2. Exact name of the Corporation Constitution Hill Homeowner's Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Represents homeowners of Constitution Hill			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 11 Constitution Hill			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Cowie			Vice-President Name Irene Cowie		
Street Address 7 Constitution Hill			Street Address 7 Constitution Hill		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Irene Cowie			Treasurer Name Erika Brown		
Street Address 7 Constitution Hill			Street Address 11 Constitution Hill		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 Dennis Wykoff			Director Name Arthur Rozerro		
Street Address 15 Constitution Hill			Street Address 1 Constitution Hill		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Frances Trafton			Director Name Stephen Lederer		
Street Address 13 Constitution Hill			Street Address 3 Constitution Hill		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 Erika Brown <i>Erika Brown</i> EBROWN					Date 5/19/19
Signature of Officer/Authorized Representative <i>Erika Brown</i>					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

MAY 23 2019 *KM*

FORM 631 - Revised: 03/2019

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