RI SOS Filing Number: 201900737610 Date: 6/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division		
Annual Report for the year: 2019	FILED STARK	
Non-Profit Corporation 2013	JUN 2 8 2019	
 → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30. 	w HM RS	

	_						
1. Entity ID Number	2. Exact name of the Corporation						
29715	College Hill Neighborhood Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	providing information and resources to residents of the College Hill Neighborhood						
4. NAICS Code	1						
813319 - Other Social Advoc							
6. Principal Office Address			City	State	Zip		
po box 2442		Providence	RI	02906			
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Joshua Eisen		Vice-President Name NONE					
Street Address 328 Thayer St		Street Address					
^{City} Providence	State RI	^{Zip} 02906	City	State	Zip		
Secretary Name Richard Champa	npagne		Treasurer Name Sara Bradford				
Street Address 38 Jenkes St		Street Address 25 Creighton St					
^{City} Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02906		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
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	Zıp		
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative SARA BRA			DFORD	FORD 6.26.19			
Signature of Officer/Authorized Representative SIGN EDUCINENT FILE.							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov President

Joshua Eisen

328 Thayer Street, Providence, RI 02906

Vice President

Heidi Heifetz

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

Seth Kurn

248 Bowen Street, Providence, RI 02906

Director

Kristen Lavellee

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 2 8 2019

#29715