

# State of Rhode Island Office of the Secretary of State

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# **Non-Profit Corporation Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

- 1. Corporate ID No. 000045314
- 2. Name of Corporation HILL VIEW CONDOMINIUM ASSOCIATION, INC.
- 3. State of Incorporation

State: RI

#### ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

Fee: \$20.00

813990

4. Corporate Address in Rhode Island

No. and Street:

P.O. BOX 362

City or Town:

SLATERSVILLE

State: RI Zip: 02876 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State: Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

### COLLECT CONDO FEES AND PAY CONDO EXPENSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

| Title    | Individual Name             | Address   |
|----------|-----------------------------|---|
|          | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| DIRECTOR | SHEILA KESSE                | 2 FERA STREET #303                              |
|          |                             | NORTH PROVIDENCE, RI 02904 USA                  |
| DIRECTOR | ALAN SEEGEE                 | 2 FERA STREET #102                              |
|          |                             | NORTH PROVIDENCE, RI 02904 USA                  |
| DIRECTOR | SUDHIR NAIR                 | 2 FERA STREET / #205                            |
|          |                             | NORTH PROVIDENCE, RI 02904 USA                  |
| DIRECTOR | MARIANNE HEALY              | 2 FERA STREET / #110                            |
|          |                             | NORTH PROVIDENCE, RI 02904 USA                  |
| DIRECTOR | EDMUND GERMANN              | 2 FERA STREET #206                              |
|          |                             | NORTH PROVIDENCE, RI 02904 USA                  |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SHERYL KIMBALL C/O KIMBALL PROPERTY MAINTENANCE 597 PROVIDENCE PIKE, NORTH SMITHFIELD, RI 02896 P.O. BOX 362 SLATERSVILLE, RI 02876

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of July, 2020 at 5:35:09 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

### By <u>SHERYL KIMBALL</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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