



RI SOS Filing Number: 202198982470 Date: 7/2/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

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.

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BY

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1. Entity ID Number <b>29685</b>		2. Exact name of the Corporation <b>Spruce Hill Association, Inc</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowners neighborhood association</b>			
4. NAICS Code <b>5290</b>					
6. Principal Office Address <b>1555 Vineyard Rd</b>		City <b>Saunderstown</b>		State <b>RI</b>	Zip <b>02874</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>Steven Adler</b>			Vice-President Name		
Street Address <b>1151 Vineyard Road</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Kamlyn Keith-Dunn</b>			Treasurer Name <b>Kim Worthington</b>		
Street Address <b>1555 Vineyard Road</b>			Street Address <b>1555 Vineyard Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Steven Adler</b>			Director Name <b>Drake Hawes</b>		
Street Address <b>1151 Vineyard Road</b>			Street Address <b>1351 Vineyard Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>Kamlyn Keith-Dunn</b>			Director Name <b>Kim Worthington</b>		
Street Address <b>1555 Vineyard Road</b>			Street Address <b>1555 Vineyard Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Kimberly Worthington</b>					Date <b>6-28-2021</b>
Signature of Officer/Authorized Representative <i>Kimberly Worthington</i>					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)