State of Rhode Island
Department of State - Business Services Division

FILED
STATE
JUL 02 2021
BY 523

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.

1. Entity ID Number	2. Exact name of the Corporation
29685	**Spruce Hill Association, Inc**
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Homeowners neighborhood association
4. NAICS Code 813990	

6. Principal Office Address	City	State	Zip
1555 Vineyard Rd	Saunderstown	RI	02874

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Steven Adler			Vice-President Name		
Street Address 1151 Vineyard Road			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Kamlyn Keith-Dunn			Treasurer Name Kim Worthington		
Street Address 1555 Vineyard Road			Street Address 1555 Vineyard Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Steven Adler			Director Name Drake Hawes		
Street Address 1151 Vineyard Road			Street Address 1351 Vineyard Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Kamlyn Keith-Dunn			Director Name Kim Worthington		
Street Address 1555 Vineyard Road			Street Address 1555 Vineyard Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Kimberly Worthington	6-28-2021

Signature of Officer/Authorized Representative: Kimberly Worthington

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020