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

FILED
SEP 24 2021 STAMP
BY 10690

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
1668497	**The Hopkins Hill Condominium Association I, Inc.**
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: **Condominium Association**
4. NAICS Code: **624229 - Other Community I**	

6. Principal Office Address	City	State	Zip
20 Oakdale Road	North Kingstown	RI	02852

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

President Name **James T. Lynch**			Vice-President Name **Donald T. Labriole, Jr.**		
Street Address **37 Overlook Drive**			Street Address **P.O. Box 35**		
City North Kingstown	State RI	Zip 02852	City **Coventry**	State RI	Zip **02816**
Secretary Name **Jeffrey A. Butler**			Treasurer Name **Donald T. Labriole, Jr.**		
Street Address **P.O. Box 1347**			Street Address **P.O. Box 35**		
City **Coventry**	State RI	Zip **02816**	City **Coventry**	State RI	Zip **02816**

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

Director Name **Donald T. Labriole, Jr.**			Director Name **James T. Lynch**		
Street Address **P.O. Box 35**			Street Address **37 Overlook Drive**		
City **Coventry**	State RI	Zip **02816**	City North Kingstown	State RI	Zip 02852
Director Name **Jeffrey A. Butler**			Director Name		
Street Address **P.O. Box 1347**			Street Address		
City **Coventry**	State RI	Zip **02816**	City	State	Zip

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	Date
James T. Lynch, Presidnet	8-30-21

Signature of Officer/Authorized Representative: 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

FORM 631 - Revised: 06/2019