



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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SECRETARY OF STATE
USE ONLY

BY

32451
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1. Entity ID Number 001704266		2. Exact name of the Corporation HILLTOP LODGE COOPERATIVE CORPORATION			
3. Principal Office Address 87A Kingstown Road			City Wyoming		State RI
			Zip 02898		
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul P. Mihailides			Vice-President Name Paul P. Mihailides		
Street Address 87A Kingstown Road			Street Address 87A Kingstown Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name David A. Rodin			Treasurer Name David A. Rodin		
Street Address 87A Kingstown Road			Street Address 87A Kingstown Road		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			2000		
			Common		
			No par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Paul Mihailides, President					Date ✓ 3-30-22
Signature of Authorized Representative 					

MAIL TO

Division of Business Services

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

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