



State of Rhode Island
Department of State - Business Services Division

FILED

APR 18 2022

STAMP


FOR SECRETARY OF STATE
USE ONLY

Annual 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.

BY 32451 DS

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
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