

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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 Hill P		Improvement Ass	sociation	
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Association of property owners for the				
4. NAICS Code 813410	maintenance of common grounds				
6. Principal Office Address 56 Pond St, Po box 1418			Charlestown	State RI	07813 D7813
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Grace Mello			Vice-President Name Fred Kania		
Street Address Pand St.	Pond St. PO Box 1418		Street Address 19 Fund S+		
city Charlestown	State	zip 02813	city Charlestown	State	Zip 02813
secretary Name Valerie Schaus			Treasurer Name Lauson Durfee		
Street Address 5 pund St PO Box 778			Street Address 75 B POND ST PO BOX 730		
CITY Charlestown	State	zip02813	cin Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Lawson Burfee			Director Name Valure Schaus		
Street Address Pund St PO Box 730			Street Address pand ST	60 8 0X	1
city Charlestown	State RT	Zip 02813	city Charlestyph	State	Zip 02813
Director Name Gace Mello					
Grace M	iello		Director Name		
Street Address Fund St	00 B	0× 1418	Director Name	r	
At A 4.4	00 B		Street Address 19 Pond S	_	Zip02&13
Street Address 56 Pond St City Charleston 9. The Registered Agent information	State RT on of record with the	0X 1418 Zip 02813 ne RI Department of	Street Address 9 Pond ST City Charleston	State RI e filing Form 641.	
Street Address 5 to pond St City Charlestan 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements	State KII on of record with the are and affirm that ents contained he	0X 1418 Zip 02813 ne RI Department of thave examined rein are true and	Street Address A Pond S City Charlestory of State is accurate. Changes required this report, including any accomplications.	State RI e filing Form 641. panying schedule	es and
Street Address 5 to pond St City Charlestown 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements this report must be signed by either the President Control of the Pre	State RT on of record with the are and affirm that ents contained he esident, Vice-President,	0X 1418 Zip 02813 ne RI Department of thave examined rein are true and	Street Address A Pond S City Charlestory of State is accurate. Changes required this report, including any accomp	State RI e filing Form 641. panying schedule	es and
Street Address 5 to pond St City Charlestan 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements	State	0X 1418 Zip 02813 ne RI Department of thave examined rein are true and	Street Address A Pond ST City Charleston Changes required this report, including any accompany correct.	State RI e filing Form 641. panying schedule	es and
Street Address 5 6 Pond St City Charlestan 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements is report must be signed by either the Presentation Name of Officer/Authorized Representation	State RT on of record with the are and affirm that ents contained he esident, vice-President, esentative	Zip 02813 ne RI Department of I have examined rein are true and Secretary, Assistant Se	Street Address A Pond ST City Charleston Changes required this report, including any accompany correct.	State RI e filing Form 641. panying schedule tive, Receiver or Trustee	es and

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov