



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.

FEB 03 2023

336

1. Entity ID Number 20368		2. Exact name of the Corporation Hill Pasture Improvement Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Association of property owners for the maintenance of common grounds.	
4. NAICS Code 813410			
6. Principal Office Address 56 pond st, po box 1418		City Charlestown	State RI
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Grace Mello		Vice-President Name Fred Kania	
Street Address 56 pond st. PO Box 1418		Street Address 19 Pond st	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Secretary Name Valerie schaus		Treasurer Name Lawson Durfee	
Street Address 65 pond st PO Box 778		Street Address 75 B Pond ST PO Box 730	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lawson Durfee		Director Name Valerie Schaus	
Street Address 75 B Pond st po Box 730		Street Address 65 pond st PO Box 778	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Director Name Grace mello		Director Name Fred Kania	
Street Address 56 pond st po Box 1418		Street Address 19 Pond ST	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Grace Mello / president			Date February 1, 2023
Signature of Officer/Authorized Representative Grace Mello			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov