State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000026048	2. Exact name of the Corporation Castle Hill Neighborhood Association
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Neighborhood association promoting organized community interest and action in local civic affairs.
4. NAICS Code 813410	

6. Principal Office Address	City	State	Zip
9 Winans Avenue	Newport	RI	02840

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

President Name Tom Kibarian			Vice-President Name Rakesh Bansal		
Street Address 3 Ella Terrace			Street Address 2 Atlantic Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Paul Lynch			Treasurer Name Paul Lynch		
Street Address 9 Winans Avenue			Street Address 9 Winans Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840

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

Director Name Mary Ellen Atkins			Director Name Glenn Whistler		
Street Address 2 Commonwealth Avenue			Street Address 26 Castle Hill Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Tom Kibarian			Director Name n/a		
Street Address 3 Ella Terrace			Street Address n/a		
City Newport	State RI	Zip 02840	City n/a	State n/a	Zip n/a

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.

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
Paul Lynch	**05/28/23**

Signature of Officer/Authorized Representative P J Lynch

FILED
MAY 30 2023
2:49
BY AR A6C26

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: 04/2023