

State of Rhode Island

Department of State - Business Services Division

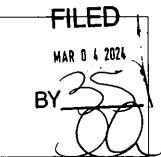
Annual Report for the year: Non-Profit Corporation

2024

-> 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 the Corporation Hill Pasture Improvement Association							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island 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	Zip O	28 <i>13</i>
7. List ALL officers (names and addresses) Check the box to indicate an attach						tachment		
President Name Grace mello			Vice-President Name Fred Kania					
Street Address Pond ST Po Box 1418			Street Address 19 Pond ST					
cincharlestown	State I	S1820,	cityCharle	stour	1	State	Zip	2813
Secretary Name Valerie Schaus			Treasurer Name Lawson Durfee					
Street Address Fond ST	7.0.011		Street Address	T B	Pond			x 730
city Charlestown	State	Zip 02813		Uston		State RI	^z ්රි	2813
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 Durfee			Director Name Valerie Schaus					
Street Address POND ST PO BOX 730			Street Address by po Box 778					
civ Charlestonn	State RI	Zip 2813	city char	les-ton	<u> </u>	State I	Zip (१४४
Director Name Grace Me	Director Name red Kania							
Street Address Fund ST PO BOX 1418			Street Address 19 Pond ST					
cin charlestown	State	zip 2813	City Char	le STUN	Λ	State		2813
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, duty Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative Grace Mello, President Tebruary 23,							, 2024	
Signature of Officer/Authorized Representative								
Grace Mello, President Teboury 23, 2024 Signature of Officer/Authorized Representative Grace Mello, President Grace Mello, President								

MAIL TO:

Division of Business Services

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

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