



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 8 4 2024

BY

Annual Report for the year: 2024

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 <u>026368</u>		2. Exact name of the Corporation <u>Hill Pasture Improvement Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Association of property owners for the maintenance of common grounds.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>56 Pond ST, PO Box 1418</u>		City <u>Charlestown</u>	State <u>RI</u>
		Zip <u>02813</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Grace mello</u>		Vice-President Name <u>Fred Kania</u>	
Street Address <u>56 pond ST PO Box 1418</u>		Street Address <u>19 Pond ST</u>	
City <u>Charlestown</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02813</u>		Zip <u>02813</u>	
Secretary Name <u>Valerie Schaus</u>		Treasurer Name <u>Lawson Durfee</u>	
Street Address <u>65 Pond ST PO Box 778</u>		Street Address <u>75 B Pond ST PO Box 730</u>	
City <u>Charlestown</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02813</u>		Zip <u>02813</u>	
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 <u>Lawson Durfee</u>		Director Name <u>Valerie Schaus</u>	
Street Address <u>75 B Pond ST PO Box 730</u>		Street Address <u>65 pond ST PO Box 778</u>	
City <u>Charlestown</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02813</u>		Zip <u>02813</u>	
Director Name <u>Grace mello</u>		Director Name <u>Fred Kania</u>	
Street Address <u>56 pond ST PO Box 1418</u>		Street Address <u>19 pond ST</u>	
City <u>Charlestown</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02813</u>		Zip <u>02813</u>	
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 <u>Grace mello, President</u>			Date <u>February 23, 2024</u>
Signature of Officer/Authorized Representative <u>Grace mello, president</u>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020