



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

REC'D RIDGS BSD  
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1. Entity ID Number <u>000111267</u>		2. Exact name of the Corporation <u>Hillside Charitable Organization, INC</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide &amp; Assist charitable causes and organizations by conducting Fund Raising Events Title 7-6</u>	
4. NAICS Code <u>813219 GRANT MAKING</u>			
6. Principal Office Address <u>86 Bay View Av</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>JOHN DIAS</u>		Vice-President Name <u>JOSEPH Lalli, JR</u>	
Street Address <u>86 BAYVIEW A.</u>		Street Address <u>8 Memorial Blvd</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02840</u>	
Secretary Name <u>STEVEN MUTTEN</u>		Treasurer Name <u>STEVEN MUTTEN</u>	
Street Address <u>29 Toppa Blvd</u>		Street Address <u>29 Toppa Blvd</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>CHARLIE Koppelson</u>		Director Name <u>Joseph Dias</u>	
Street Address <u>8 Raposa Sa</u>		Street Address <u>Ruggles Av</u>	
City <u>Pontsmouth</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u></u>		Zip <u>02840</u>	
Director Name <u>Robert Silveria</u>		Director Name <u>Joseph Venditelli</u>	
Street Address <u>32 Morton Av</u>		Street Address <u>15 Kingston St.</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</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>STEVEN MUTTEN</u>			Date <u>3.8.24</u>
Signature of Officer/Authorized Representative <u>Steven V. Mutton</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

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