



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.

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 & 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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John Dias</u>			Vice-President Name <u>Joseph Halli Jr</u>		
Street Address <u>86 Bayview A.</u>			Street Address <u>8 Memorial Blvd</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>Steven Mutter</u>			Treasurer Name <u>Steven Mutter</u>		
Street Address <u>29 Toppa Blvd</u>			Street Address <u>29 Toppa Blvd</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</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>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>	Zip	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>Robert Silveria</u>			Director Name <u>Joseph Venditulli</u>		
Street Address <u>32 Morton Av</u>			Street Address <u>15 Kingston St.</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</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 MUTTER</u>					Date <u>3.8.24</u>
Signature of Officer/Authorized Representative <u>Steven V. Mutter</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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FORM 631- Revised 04/2023