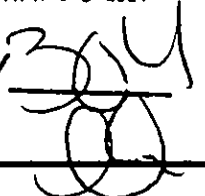




State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 2024

BY 

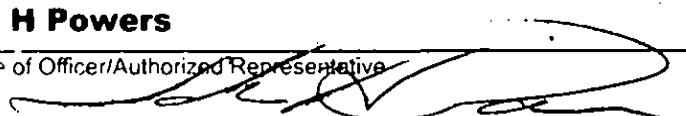
Annual Report for the year: 2024

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.

1. Entity ID Number <b>26372</b>		2. Exact name of the Corporation <b>Hill Top Beach Association, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Management &amp; maintenance of community parking lot</b>			
4. NAICS Code <b>813990-Other</b>					
6. Principal Office Address <b>506 Green Hill Beach Road</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John H Powers</b>			Vice-President Name <b>N/A</b>		
Street Address <b>506 Green Hill Beach Road</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Mary Sano</b>			Treasurer Name <b>David Mitchell</b>		
Street Address <b>161 West 61st Street - Apt. 30B</b>			Street Address <b>526 Green Hill Beach Road</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10023</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John H Powers</b>			Director Name <b>David Mitchell</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Mary Sano</b>			Director Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>John H Powers</b>				Date <b>4/17/24</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.nh.gov](http://www.sos.nh.gov)