RI SOS Filing Number: 202453856450 Date: 4/24/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

APR 24 2024
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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	2. Exact name of the Corporation
29685	Spruce Hill Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Homeowner's Neighborhood Association
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Arlene Chamberland			Vice-President Name:		
Street Address: 1250 Vineyard Rd			Street Address:		
City: Saunderstown	State: RI	Zip: 02874	City:	State:	Zip:
Secretary Name: Kamlyn Dunn			Treasurer Name: Kimberly Worthington		
Street Address: 1555 Vineyard Rd			Street Address: 1555 Vineyard Rd		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Arlene Chamberland			Director Name: Kamlyn Dunn		
Street Address: 1250 Vineyard Rd			Street Address: 1555 Vineyard Rd		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874
Director Name: Kimberly Worthington			Director Name: Mia Johnson		
Street Address: 1555 Vineyard Rd			Street Address: 2550 Vineyard Rd		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874

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	Date
Kimberly Worthington	**April 22, 2024**

Signature of Officer/Authorized Representative
Kimberly Worthington, Treasurer

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

FORM 631- Revised: 12/2023