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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 AMENDED
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
000069888	SOUTH HILLS CONDOMINIUM ASSOCIATION, INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: MANAGE CONDOMINIUMS
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
477 BUDLONG RD	CRANSTON	RI	02920

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

President Name	Vice-President Name
HENRY L. JETER	JUDITH ALFIERI
Street Address: 10 JOSEPHINE ST	Street Address: 10 JOSEPHINE ST.
City: NORTH PROVIDENCE State: RI Zip: 02904	City: NORTH PROVIDENCE State: RI Zip: 02904
Secretary Name: DAMIAN PICCARDI	**Treasurer Name:** DOMENIC SGAMBELLONE
Street Address: 10 JOSEPHINE ST	Street Address: 477 BUDLONG RD
City: NORTH PROVIDENCE State: RI Zip: 02904	City: CRANSTON State: RI Zip: 02920

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

Director Name	Director Name
HENRY L. JETER	JUDITH ALFIERI
Street Address: 10 JOSEPHINE ST.	Street Address: 10 JOSEPHINE ST.
City: N. PROVIDENCE State: RI Zip: 02904	City: N. PROVIDENCE State: RI Zip: 02904
Director Name: DAMIAN PICCARDI	**Director Name:** DOMENIC SGAMBELLONE
Street Address: 10 JOSEPHINE ST.	Street Address: 477 BUDLONG RD
City: N. PROVIDENCE State: RI Zip: 02904	City: CRANSTON State: RI Zip: 02920

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
DOMENIC SGAMBELLONE	5/22/24

Signature of Officer/Authorized Representative

FILED 928
MAY 22 2024
BY _____

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: 04/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 22, 2024 09:28 AM

Gregg M. Amore
Secretary of State