



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2025**

**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.

**FILED**

MAR 05 2025

BY

1. Entity ID Number <b>29685</b>		2. Exact name of the Corporation <b>Spruce Hill Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowner's Neighborhood Association</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>1151 Vineyard Road</b>		City <b>Saunderstown</b>		State <b>RI</b>	Zip
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>Arlene Chamberland</b>			Vice-President Name		
Street Address <b>1250 Vineyard Rd</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Kamlyn Dunn</b>			Treasurer Name <b>Kimberly Worthington</b>		
Street Address <b>1555 Vineyard Rd</b>			Street Address <b>1555 Vineyard Rd</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</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>Arlene Chamberland</b>			Director Name <b>Kamlyn Dunn</b>		
Street Address <b>1250 Vineyard Rd</b>			Street Address <b>1555 Vineyard Rd</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name <b>Kimberly Worthington</b>			Director Name <b>Mia Johnson</b>		
Street Address <b>1555 Vineyard Rd</b>			Street Address <b>2550 Vineyard Rd</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Kimberly Worthington</b>					Date <b>March 2, 2025</b>
Signature of Officer/Authorized Representative <i>Kimberly Worthington</i>					

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)