



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.

REC'D RHODES BSD
25 OCT 21 AM 10:39:24

REC'D RHODES BSD
25 OCT 21 AM 10:37:44

STAMP

FOR
SECRETARY OF STATE
ONLY

1. Entity ID Number 001685047		2. Exact name of the Corporation Hill & Harbour Neighborhood Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NONPROFIT NEIGHBORHOOD ASSOCIATION			
4. NAICS Code 813110					
6. Principal Office Address 32 HYLAND AVENUE			City EAST GREENWICH	State RI 02818	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name BRIAN DOYLE			Vice-President Name PABLO DEMASCENO		
Street Address 32 HYLAND AVENUE			Street Address 215 SPRING STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name CHELSEA BERRY			Treasurer Name LAUREL ENGBRETSON		
Street Address 67 ELDREDGE AVE			Street Address 44 MAWNEY STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name CHELSEA BERRY			Director Name LAUREL ENGBRETSON		
Street Address 67 ELDREDGE AVE			Street Address 44 MAWNEY STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name PABLO DEMASCENO			Director Name BRIAN DOYLE		
Street Address 215 SPRING STREET			Street Address 32 HYLAND AVENUE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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 ADAM M MILLARD				Date 10/21/2025	
Signature of Officer/Authorized Representative 				FILED 1030	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY
OCT 21 2025
FORM 631- Revised 12/2023

Attachment to Section 8 of Annual Report
for Hill & Harbour Neighborhood Association (Entity ID: 001685047)

Name: Marie Charlotte Noreng
Address: 95 West St, East Greenwich, RI 02818
Position: Director

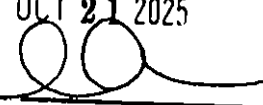
Name: Courtney Bracey
Address: 39 Ledge Rd, East Greenwich, RI 02818
Position: Director

REC'D RJD #3 BSD
25 OCT 2024 10:33:27

FILED

OCT 21 2025

BY

A handwritten signature in black ink, consisting of two large loops followed by a horizontal line.