



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000026361

2. Name of Corporation THE HILL ASSOCIATION, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813910

4. Principal Office Address

No. and Street: 40 BORDER AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CIVIC ASSOCIATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	MICHAEL COUNIHAN	54 HILLTOP AVENUE WAKEFIELD, RI 02879 USA
TREASURER	DAVID FRANCIS CALABRESE	40 BORDER AVENUE WAKEFIELD, RI 02879 USA
SECRETARY	JAN MASTRANTUONE	260 CARPENTER DRIVE WAKEFIELD, RI 02879 USA
VICE PRESIDENT	ELIZABETH HECHT	303A CARPENTER DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	JOSEPH TENORI	314 CARPENTER DRIVE WAKEFIELD, RI 02879
DIRECTOR	DAVID F CALABRESE	40 BORDER AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL COUNIHAN	84 HILLTOP AVENUE WAKEFIELD, RI 02879 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID F. CALABRESE 40 BORDER AVENUE WAKEFIELD , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of February, 2023 at 12:51:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID F CALABRESE
Signature of Authorized Person

Form No. 631
Revised 09/07

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