RI SOS Filing Number: 202336106810 Date: 5/26/2023 4:08:00 AM



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 - ENTER THE CURRENT FILING YEAR 2023: 2023

- 1. Corporate ID No. 000045314
- 2. Name of Corporation HILL VIEW CONDOMINIUM ASSOCIATION, INC.
- 3. State of Incorporation

State: RI

NAICS CODE

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 <u>click here.</u>

NAICS Code

813990

4. Principal Office Address

No. and Street: P.O. BOX 362

City or Town: <u>SLATERSVILLE</u> State: <u>RI</u> Zip: <u>02876</u> Country: <u>USA</u>

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

COLLECT CONDO FEES AND PAY CONDO EXPENSES

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

DIRECTOR	SHEILA KESSE	2 FERA STREET #303
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	SUDHIR NAIR	2 FERA STREET / #205
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MARIANNE HEALY	2 FERA STREET / #110
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	EDMUND GERMANN	2 FERA STREET #206
		NORTH PROVIDENCE, RI 02904 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

SHERYL KIMBALL C/O KIMBALL PROPERTY MAINTENANCE 597 PROVIDENCE PIKE, NORTH SMITHFIELD, RI 02896 P.O. BOX 362 SLATERSVILLE, RI 02876

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

Signed this 26 Day of May, 2023 at 4:11:57 AM 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 SHERYL KIMBALL

Signature of Authorized Person

Form No. 631 Revised 09/07

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