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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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 L. Corporate ID No. 2. Name of Corporation 47965 **Sherwood Homeowners Association** 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip RI PO Box 557 **Portsmouth** 02871 5. Foreign corporation. Enter principal office address City State Zip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Chris Shaw Richard Pellecchio Street Address Street Address 160 Sherwood Drive 138 Sherwood Drive State City ZipCity State Porstmouth RI 02871 RI 02871 Portsmouth Secretary Name Treasurer Name Tom Sullivan Chris Kracik Street Address Street Address 45 Sherwood Terrace 54 Sherwood Terrace State Zip City State $Z\psi$ **Portsmouth** 02871 02871 **Portsmouth** RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Lois Miller Marlene Shaw Street Address Street Address 67 Sherwood Drive 160 Sherwood Drive State ZipState RI **Portsmouth** 02871 02871 **Porstmouth** RI Director Name Director Name George Giacobbi Street Address Street Address 15 Sherwood Road City State Ζip City State Zip **Portsmouth** RI 02871 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

4 /905	Under penalty of perjury, I declare and affirm that I have examined this
File Date 6-18-09	report, including any accompanying schedules and statements, and that all statements contained serein are true and correct.
Check No	Signature of Office & Bate Bhow
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Title of Officer