



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 111947		2. Exact name of the Corporation Doc Horse Estates Homeowners' Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO CARE FOR, MAINTAIN AND REPAIR THOSE CERTAIN LOTS OF DOC HORSE ESTATES IN NORTH KINGSTOWN, RI DESIGNATED AS OPEN SPACE			
5. Principal office address 56 HIDDEN LAKE DRIVE		City SAUNDERSTOWN		State RI	Zip 02874
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Jackson			Vice-President Name Mike Hutton		
Street Address 56 Hidden Lake Dr.			Street Address 131 Hidden Lake Dr		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Gary Sammarco			Treasurer Name Kym Sacchetti		
Street Address 66 Hidden Lake Dr.			Street Address 78 Hidden Lake Dr		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Jackson			Director Name Mike Hutton		
Street Address 56 Hidden Lake Dr.			Street Address 131 Hidden Lake Dr		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Gary Sammarco			Director Name Kym Sacchetti		
Street Address 66 Hidden Lake Dr.			Street Address 78 Hidden Lake Dr		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. REGISTERED AGENT IN RHODE ISLAND					

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

OCT 31 2012

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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.

Joseph Jackson
Signature of Officer

10-22-12
Date

Joseph Jackson

Print or Type Name of Officer

President

Title of Officer