



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 571688		2. Exact name of the Corporation Heron Landing Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To buy, sell, manage, and mortgage real estate in Burrillville, RI.			
5. Principal office address 2 Robin Way		City North Smithfield		State RI	Zip 02896
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert F. Fura			Vice-President Name None		
Street Address 2 Robin Way			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Charles Spacagna			Treasurer Name Christine Perry		
Street Address 1 Carvin Court			Street Address 18 Oak Lane		
City Warwick	State RI	Zip 02886	City Pascoag	State RI	Zip 02859
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 Robert F. Fura			Director Name Christine Perry		
Street Address 2 Robin Way			Street Address 18 Oak Lane		
City North Smithfield	State RI	Zip 02896	City Pascoag	State RI	Zip 02859
Director Name Charles Spacagna			Director Name		
Street Address 1 Carvin Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Robert F. Fura 6/9/15
 Signature of Officer or Authorized Representative Date

JUN 18 2015

BY 1033 Robert F. Fura
 Print or Type Name of Officer or Authorized Representative