



**Department of State - Business Services Division**

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:** 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$26.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000571688		Heron Landing Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		TO buy, Sell, own, Manage, lease or redevelop in Burrillville, RI			
5. Principal Office Address		City	State	Zip	
11 OAK LAKE		Pascoag	RI	02859	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
ERIC GRAVEL			NONE		
Street Address			Street Address		
11 OAK LAKE					
City	State	Zip	City	State	Zip
Pascoag	RI	02859			
Secretary Name			Treasurer Name		
Charles Spacagna			Chris Perry		
Street Address			Street Address		
1 Carvin Court			18 Oak Lane		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Pascoag	RI	02859
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
ERIC GRAVEL			Chris Perry		
Street Address			Street Address		
11 OAK LAKE			18 Oak Lane		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI	02859
Director Name			Director Name		
Charles Spacagna					
Street Address			Street Address		
1 Carvin Court					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative					Date
ERIC GRAVEL President					5-23-16
Signature of Officer/Authorized Representative					
<i>Eric Gravel</i>					

**FILED**

JUN 06 2016

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