



**State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2016

1. Corporate ID No. 000118664

2. Name of Corporation Harbour Ridge Homeowners Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 1054
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

OPERATING AND MAINTAINING PROPERTY FOR THE USE AND BENEFIT OF
RESIDENTS OF THE HARBOUR RIDGE DEVELOPMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	A BARRY COLE	97 SUMMIT VIEW LANE N KINGSTOWN, RI 02852 USA
SECRETARY	ARLIS REINEKE	43 BREAKWATER LN N KINGSTOWN, RI 02852 USA

VICE PRESIDENT	CAROL PLEMMONS	46 BREAKWATER LN N KINGSTOWN, RI 02852 USA
DIRECTOR	CAROL PLEMMONS	46 BREAKWATER LN N KINGSTOWN, RI 02852 USA
DIRECTOR	A BARRY COLE	97 SUMMIT VIEW LANE N KINGSTOWN, RI 02852 USA
DIRECTOR	ARLIS REINEKE	43 BREAKWATER LN N KINGSTOWN, RI 02852 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KEVIN SULLIVAN 32 BREAKWATER LANE NORTH KINGSTOWN , RI 02852

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

Signed this 2 Day of September, 2016 at 11:18:21 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 A. BARRY COLE
Signature of Authorized Person

Form No. 631
Revised 09/07