



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

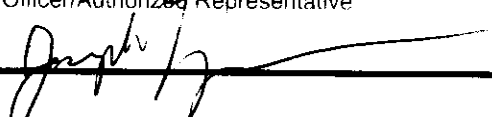
Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 111947		2. Exact name of the Corporation Doc Horse Estates Homeowners Association			
3. State of Incorporation RI		5. 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			
4. NAICS Code 813990 - Other Similar Orgar ☐					
6. Principal Office Address 56 Hidden Lake Dr		City Saunderstown		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Joseph Jackson			Vice-President Name Michael 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 Kimberly 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. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Joseph Jackson			Director Name Michael 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 Kimberly 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
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joseph Jackson				Date 6/20/17	
Signature of Officer/Authorized Representative 					

FILED**JUN 23 2017****BY****150 DS**

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov