RI SOS Filing Number: 201746574570 Date: 6/23/2017 4:00:00 PM

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	2. Exact name of the Corporation
111947	**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	City	State	Zip
56 Hidden Lake Dr	**Saunderstown**	**RI**	**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.

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

Name of Officer/Authorized Representative	Date
Joseph Jackson	6/20/17

Signature of Officer/Authorized Representative

FILED
JUN 23 2017
BY 1520 DS

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

FORM 631 - Revised: 06/2017