

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual 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 000026504		2. Exact name of the Corporation EAST PASSAGE ESTATES LOT OWNERS' ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island homeowner's association			
4. NAICS Code 813990 - Other Similar Or					
6. Principal Office Address P.O. BOX 207		City JAMESTOWN	State RI	Zip 02835	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES RUGH		Vice-President Name DAN REGAN			
Street Address 200 AMERICA WAY		Street Address 180 AMERICA WAY			
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name NONE		Treasurer Name STEVE JEPSON			
Street Address		Street Address 78 COLUMBIA LANE			
City	State	Zip	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK HOLLAND		Director Name ANGELA AXELSON			
Street Address 18 INTREPID LANE		Street Address 95 AMERICA WAY			
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name RANDY KECK		Director Name			
Street Address 80 AMERICA WAY		Street Address			
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
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				Date 6/22/17	
Signature of Officer/Authorized Representative					

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

JUN 30 2017

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