



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 <b>47965</b>		2. Exact name of the Corporation <b>Sherwood Homeowners Association</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowners association &amp; neighborhood sewer system.</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>P.O. Box 557</b>		City <b>Portsmouth</b>	State <b>RI</b> Zip <b>02871</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Chris Shaw</b>		Vice-President Name <b>Richard Pellechio</b>	
Street Address <b>160 Sherwood Dr</b>		Street Address <b>138 Sherwood Dr</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b> Zip <b>02871</b>
Secretary Name <b>Tom Sullivan</b>		Treasurer Name <b>George Giacobbi</b>	
Street Address <b>45 Sherwood Ter</b>		Street Address <b>15 Sherwood Rd</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b> Zip <b>02871</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Lars Miller</b>		Director Name <b>Robert Masdon</b>	
Street Address <b>67 Sherwood Dr</b>		Street Address <b>68 Sherwood Drive</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b> Zip <b>02871</b>
Director Name <b>Marlene Shaw</b>		Director Name	
Street Address <b>18 Greenfield</b>		Street Address	
City <b>Portsmouth</b>	State <b>RI</b>	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.			
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 <b>President / Christopher Shaw</b>		Date <b>6/30/17</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

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