



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<br><b>000118664</b>  |                 | 2. Exact name of the Corporation<br><b>Harbour Ridge Homeowners Association, Inc.</b>   |   |                               |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Operating and Maintaining Property For The Use And Benefit Of Residents Of The Development<br/>Title: 7-6</b> |   |                               |                     |
| 4. NAICS Code<br><b>813910 - Business Association</b>  |                 |   |   |                               |                     |
| 6. Principal Office Address<br><b>PO Box 1054</b>  |                 |   | City<br><b>North Kingstown</b>            | State<br><b>RI</b>            | Zip<br><b>02852</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>Carol Plemmons</b>   |                 |   | Vice-President Name                       |                               |                     |
| Street Address <b>46 Breakwater Lane</b>   |                 |   | Street Address                            |                               |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</b>  | City                                      | State                         | Zip                 |
| Secretary Name <b>Arlis Reineke</b>  |                 |   | Treasurer Name <b>A. Barry Cole</b>       |                               |                     |
| Street Address <b>43 Breakwater Lane</b>   |                 |   | Street Address <b>97 Summit View Lane</b> |                               |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</b>  | City <b>North Kingstown</b>               | State <b>RI</b>               | Zip <b>02852</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |   |                               |                     |
| Director Name <b>Carol Plemmons</b>  |                 |   | Director Name <b>Arlis Reineke</b>        |                               |                     |
| Street Address <b>46 Breakwater Lane</b>   |                 |   | Street Address <b>43 Breakwater Lane</b>  |                               |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</b>  | City <b>North Kingstown</b>               | State <b>RI</b>               | Zip <b>02852</b>    |
| Director Name <b>A. Barry Cole</b>   |                 |   | Director Name                             |                               |                     |
| Street Address <b>97 Summit View Lane</b>  |                 |   | Street Address                            |                               |                     |
| City <b>North Kingstown</b>  | State <b>RI</b> | Zip <b>02852</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.  |                 |   |   |                               |                     |
| <b>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.</b>        |                 |   |   |                               |                     |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                 |   |   |                               |                     |
| Name of Officer/Authorized Representative<br><b>A. Barry Cole</b>  |                 |   |   | Date<br><b>August 4, 2017</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |   |   |                               |                     |

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**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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