

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

- **1. Corporate ID No.** 000117615
- 2. Name of Corporation Queensfort Rosewood Estates Subdivision Homeowners' Association, Inc.
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

6

Fee: \$20.00

813990

4. Corporate Address in Rhode Island

No. and Street:

PO BOX 904

City or Town:

NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE COLLECTIVE AND INDIVIDUAL PROPERTY AND CIVIC INTEREST AND RIGHTS OF ALL PERSONS, FIRMS AND CORPORATIONS OWNING PROPERTY AT ROSEWOOD ESTATES RESIDENTIAL SUBDIVISION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name | Address |
|-----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | PAUL VENTO | 40 CASSANDRA LANE |
| | | NORTH KINGSTOWN, RI 02852 USA |
| TREASURER | ANDREA VENTO | 40 CASSANDRA LANE |
| | | NORTH KINGSTOWN, RI 02852 USA |
| DIRECTOR | PAUL J VENTO | 40 CASSANDRA LANE |
| | | NORTH KINGSTOWN, RI 02852 USA |
| DIRECTOR | ANDREA G VENTO | 40 CASSANDRA LANE |
| | | NORTH KINGSTOWN, RI 02852 USA |
| DIRECTOR | TANYA HENDRICKSON | 111 CASSANDRA LANE |
| | | NORTH KINGSTOWN, RI 02852 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAUL VENTO 40 CASSANDRA LANE NORTH KINGSTOWN, RI 02852

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

Signed this 12 Day of May, 2018 at 9:20:00 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By PAUL VENTO

Signature of Authorized Person

Form No. 631 Revised 09/07

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