



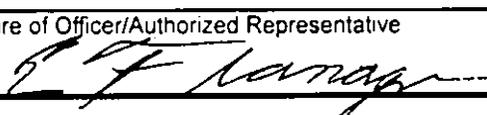
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: **2018**

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 881231		2. Exact name of the Corporation Highwood Homeowners Association - Phase 5			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 981 Main Street			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward P. Flanagan, Jr.			Vice-President Name Edward P. Flanagan, Jr.		
Street Address 981 Main Street			Street Address 981 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Edward P. Flanagan, Jr.			Treasurer Name Edward P. Flanagan, Jr.		
Street Address 981 Main Street			Street Address 981 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Edward P. Flanagan, Jr.			Director Name John S. Brunero, Jr.		
Street Address 981 Main Street			Street Address 1070 Main Street		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name Thomas J. Cronin			Director Name		
Street Address 1070 Main Street			Street Address		
City Coventry	State RI	Zip 02816	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 Edward P. Flanagan, Jr.				Date 5-17-18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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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