



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

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.

FILED

MAY 31 2018

BY

1. Entity ID Number 000106915		2. Exact name of the Corporation PRIDES CROSSING HOME OWNERS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOME OWNERS ASSOCIATION			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 11 PRIDES CROSSING LANE		City SAUNDERSTOWN		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER SMITH			Vice-President Name RICHARD DIAMOND		
Street Address 37 PRIDES CROSSING LANE			Street Address 27 PRIDES CROSSING LANE		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name MARY HAGEN			Treasurer Name AMY MARTEL		
Street Address 11 PRIDES CROSSING LANE			Street Address 19 PRIDES CROSSING LANE		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
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 MARY HAGEN			Director Name RICHARD DIAMOND		
Street Address 11 PRIDES CROSSING LANE			Street Address 27 PRIDES CROSSING LANE		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Director Name PETER SMITH			Director Name		
Street Address 37 PRIDES CROSSING LANE			Street Address		
City SAUNDERSTOWN	State RI	Zip 02874	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.					
<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 MARY HAGEN				Date 5/28/2018	
Signature of Officer/Authorized Representative <i>Mary Hagen Secretary</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov