



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.

1. Entity ID Number 157943		2. Exact name of the Corporation VILLAGE AT SAND HILL COVE CONDOMINIUM ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of the condominium.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 1041 Ten Road Road, Suite B		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin Durfee		Vice-President Name George Truesdale			
Street Address 221 Sunnybrook Farm Road		Street Address 242 Sand Hill Cove Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Heidi Kenny		Treasurer Name Angela Durfee			
Street Address 16 Elmhurst Avenue		Street Address 221 Sunnybrook Farm Road			
City Providence	State RI	Zip 02908	City Narragansett	State RI	Zip 02882
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 Kevin Durfee		Director Name George Truesdale			
Street Address 221 Sunnybrook Farm Road		Street Address 242 Sand Hill Cove Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Heidi Kenny		Director Name Angela Durfee			
Street Address 16 Elmhurst Avenue		Street Address 221 Sunnybrook Farm Road			
City Providence	State RI	Zip 02908	City Narragansett	State RI	Zip 02882
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 Kevin Durfee				Date 6/4 , 2018	
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

JUN 06 2018
BY **155 DS**
FORM 631 - Revised: 11/2017