



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 000026079		2. Exact name of the Corporation Hamilton Gate Homeowners Association, Inc .			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
4. NAICS Code 813910 - Business Associati ☐					
6. Principal Office Address 14 HAMILTON GATE COURT			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name RICHARD BREault			Vice-President Name HARRY C. KEENAN		
Street Address 22 HAMILTON GATE COURT			Street Address 14 HAMILTON GATE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name KAREN O'CONNOR			Treasurer Name NORINE J. KEENAN		
Street Address 12 HAMILTON GATE COURT			Street Address 14 HAMILTON GATE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name CORALIE MOORHEAD			Director Name RICHARD BREault		
Street Address 18 HAMILTON GATE COURT			Street Address 22 HAMILTON GATE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name HARRY C. KEENAN			Director Name KAREN O'CONNOR		
Street Address 14 HAMILTON GATE COURT			Street Address 12 HAMILTON GATE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 NORINE J. KEENAN, TREASURER				Date 6/6/18	
Signature of Officer/Authorized Representative <i>Norine J. Keenan</i>				SIGN DOCUMENT HERE FILED JUN 13 2018 3450	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY _

STATE OF RHODE ISLAND
Non Profit Corporation Report for the Year 2018

Corporate ID No: 26079

Section7:

Attachment: Names and Addresses of Directors

Paul Cardin
25 Hamilton Gate Ct.
North Kingstown, RI 02852

Norine J. Keenan
14 Hamilton Gate Ct.
North Kingstown, RI 02852