



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 000111947		2. Exact name of the Corporation Doc Horse Estates Homeowners' Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To care for, maintain and repair those certain lots of Doc Horse Estates in North Kingstown RI			
4. NAICS Code 624229 - Other Community Ho <input type="checkbox"/>					
6. Principal Office Address 56 Hidden Lake Drive		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 Joseph Jackson		Vice-President Name Michael Hutton			
Street Address 56 Hidden Lake Dr		Street Address 131 Hidden Lake Dr			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Gary Sammarco		Treasurer Name Kimberly Sacchetti			
Street Address 66 Hidden Lake Dr		Street Address 78 Hidden Lake Dr			
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 Joseph Jackson		Director Name Michael Hutton			
Street Address 56 Hidden Lake Dr		Street Address 131 Hidden Lake Dr			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Gary Sammarco		Director Name Kimberly Sacchetti			
Street Address 66 Hidden Lake Dr		Street Address 78 Hidden Lake Dr			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Joseph Jackson					Date 6/18/18
Signature of Officer/Authorized Representative 					FILED JUN 25 2018

MAIL TO:
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