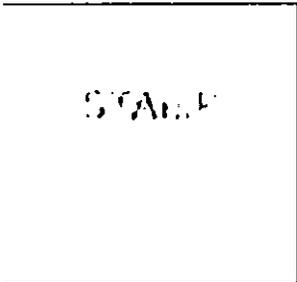




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 47965		2. Exact name of the Corporation Sherwood Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners association for neighborhood sewer system.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address PO Box 557		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chris Shaw		Vice-President Name Richard Pellechio			
Street Address 160 Sherwood Dr		Street Address 138 Sherwood Dr			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Tom Sullivan		Treasurer Name George Giacobbi			
Street Address 45 Sherwood Terr		Street Address 15 Sherwood Rd			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Lois Miller		Director Name Chris Kracik			
Street Address 67 Sherwood Dr		Street Address 54 Sherwood Terr			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Robert Marsden		Director Name			
Street Address 68 Sherwood Dr		Street Address			
City Portsmouth	State RI	Zip 02871	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 Christopher Shaw				Date 30-Jun-2018	
Signature of Officer/Authorized Representative 					

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

FILED
JUL 17 2018
 BY 733 DS
 FORM 631 - Revised: 11/2017