RI SOS Filing Number: 201995434850 Date: 6/3/2019 4:00:00 PM

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

## Annual Report for the year: **Non-Profit Corporation**

3019

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number		2. Exact name of the Corporation						
000106915	PRIDES CROSSING HOME OWNERS ASSOCIATION							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rí	HOME OWNER	N .						
4. NAICS Code	1							
813319 - Other Social Advocacy (					•			
6. Principal Office Address			City	State	Zip			
11 PRIDES CROSSING LANE			SAUNDERSTOWN	RI	02874			
7. List ALL officers (names and addresses)								
President Name PETER SMITH			Vice-President Name RICHARD DIAMOND					
Street Address 37 PRIDES CROSS	ING LANE	· · ·	Street Address 27 PRIDES CROSSING LANE					
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874			
Secretary Name MARY HAGEN	<u> </u>		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 ac	idresses). Ri Con	porations MUST						
Director Name MARY HAGEN	···		Check the box to indicate an attachment Director Name RICHARD DIAMOND					
Street Address 11 PRIDES CROSS	ING LANE		Street Address 27 PRIDES CROSSING LANE					
City SAUNDERSTOWN	State RI	<sup>Zip</sup> 02874	City SAUNDERSTOWN	State RI	Zip 02874			
Director Name PETER SMITH	<del>-</del>	<del></del>	Director Name					
Street Address 37 PRIDES CROSSII	NG 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.								
This report must be signed by either the Presid	fent, Vice-President, S	ecretary, Assistant Se	CONTROL	Ton Possing of Table				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duty Authorized Representative  Name of Officer/Authorized Representative					Date			
MARY HAGEN					6-1-9019			
Signature of Officer/Authorized Representative								
Mary Hoger Secretary								
All TO:		,						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov