



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

Annual Report for the year: 2019
 Non-Profit Corporation _____

FILED
 JUN 10 2019

Handwritten initials

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RY RI

1. Entity ID Number 000044595		2. Exact name of the Corporation Carol Park Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Maintain common lands of Carol Park Estates			
4. NAICS Code 813910 - Business Associator					
6. Principal Office Address 62 Carol Drive			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline Miranda			Vice-President Name Helen Murnin		
Street Address 48 Carol Dr			Street Address 50 Carol Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Frank Cornachione			Treasurer Name David Ziegler		
Street Address 62 Carol Drive			Street Address 62 Carol Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 Heidi Hartley			Director Name Martha Hagopian		
Street Address 54 Carol Drive			Street Address 56 Carol Drive		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Denise Haskell			Director Name		
Street Address 24 Carol Drive			Street Address		
City Hope Valley	State RI	Zip 02832	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 David Ziegler				Date 06/03/2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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