



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

Annual Report for the year: 2020

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.

JUN 29 2020

BY

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1. Entity ID Number 001024159		2. Exact name of the Corporation Aquidneck Highlands Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The management and operation of a homeowners association in connection with a subdivision known as Aquidneck Highlands in Middletown, Rhode Island.			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 136 West Main Road		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory R. Coe II			Vice-President Name Peter A. Santilli		
Street Address 136 West Main Road			Street Address 1004 Boston Neck Road		
City Middletown	State RI	Zip 02842	City Narragansett	State RI	Zip 02882
Secretary Name			Treasurer Name Thomas A. Santilli		
Street Address			Street Address 1004 Boston Neck Road		
City	State	Zip	City Narragansett	State RI	Zip 02882
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 Gregory R. Coe II			Director Name Thomas A. Santilli		
Street Address 136 West Main Road			Street Address 1004 Boston Neck Road		
City Middletown	State RI	Zip 02842	City Narragansett	State RI	Zip 02882
Director Name Peter A. Santilli			Director Name		
Street Address 1004 Boston Neck Road			Street Address		
City Narragansett	State RI	Zip 02882	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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Gregory R. Coe II				Date 6/9/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019