



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 05 2021
BY [Signature]

1. Entity ID Number <u>001701726</u>		2. Exact name of the Corporation <u>Shady Park</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Promote Low & Moderate Income Housing and to provide information to mobile home owners.</u>			
4. NAICS Code <u>86410502</u>					
6. Principal Office Address <u>12 Fourth St.</u>			City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Sharkene Stoker</u>			Vice-President Name <u>Jessica Asher</u>		
Street Address <u>12 Fourth St</u>			Street Address <u>9 First St</u>		
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Ports</u>	State <u>RI</u>	Zip <u>02871</u>
Secretary Name <u>Michael Patten</u>			Treasurer Name <u>Jaret Mills</u>		
Street Address <u>12 Fourth St</u>			Street Address <u>Jared Mills 5-3rd St</u>		
City <u>Ports</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Ports</u>	State <u>RI</u>	Zip <u>02871</u>
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 <u>SUE MARTENS</u>			Director Name <u>Jaret Mills</u>		
Street Address <u>13 - North Dr.</u>			Street Address <u>5 Third St</u>		
City <u>Ports.</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Ports.</u>	State <u>RI</u>	Zip <u>02871</u>
Director Name <u>Jessica Asher</u>			Director Name <u>Sharkene Stoker</u>		
Street Address <u>9 First St</u>			Street Address <u>12 Fourth St</u>		
City <u>Ports</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Ports</u>	State <u>RI</u>	Zip <u>02871</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>Sharkene Stoker</u>					Date <u>3/25/2021</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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