State of Rhode Island
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.

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1. Entity ID Number	2. Exact name of the Corporation
000201108	NORTH KINGSTOWN GREEN HOME OWNERS ASSOCIATION, INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: - Home Owners Association for 30 residential properties in cluster development; organization charges homeowners an annual fee to cover landscaping, insurance and other miscellaneous fees.
4. NAICS Code: 813312 - Environment, Conse	

6. Principal Office Address	City	State	Zip
32 Thorton Way	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Carole Vierra			Vice-President Name: Jeff Jenison		
Street Address: 60 Thornton Way			Street Address: 152 Rodman Lane		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Gregory Anderson			Treasurer Name: Sean Coen		
Street Address: 64 Rodman Lane			Street Address: 32 Thornton Way		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Carole Vierra			Director Name: Jeff Jenison		
Street Address: 60 Thornton Way			Street Address: 152 Rodman Lane		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Gregory Anderson			Director Name: Sean Coen		
Street Address: 64 Rodman Lane			Street Address: 32 Thornton Way		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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.

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	Date
Sean Coen	5/16/2021

Signature of Officer/Authorized Representative: Sean Coen

FILED 4:00
JUN 4 2021
BY DRNKC

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

FORM 631 - Revised: 08/2020