



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

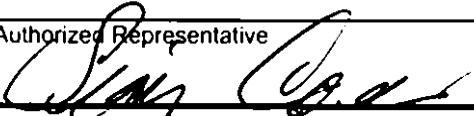
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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2021 MAY 21 A 9:29

1. Entity ID Number 000201108		2. Exact name of the Corporation 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, Conserve					
6. Principal Office Address 32 Thornton Way			City North Kingstown	State RI	Zip 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.					
<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 Sean Coen				Date 5/16/2021	
Signature of Officer/Authorized Representative 					

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

FILED 4:00
JUN 4 2021
BY **QBD RNKC**

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