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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021

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.

1. Entity ID Number	2. Exact name of the Corporation
69161	HIDDEN SHORES HOME OWNER'S ASSOCIATION, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: improvement and management of land owned by the association
4. NAICS Code: 813990 - Other Similar Organizat	

6. Principal Office Address	City	State	Zip
627 Putnam Pike	Greenville	RI	02828

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

President Name: Scott George			Vice-President Name: Ronald Matthews		
Street Address: 466 Chapel Street			Street Address: 341 Camp Dixie Road		
City: Harrisville	State: RI	Zip: 02830	City: Pascoag	State: RI	Zip: 02859
Secretary Name: Elizabeth Vanner			Treasurer Name: Daniel Noreck		
Street Address: 18 Cushman Avenue			Street Address: 22 Chilson Avenue		
City: East Providence	State: RI	Zip: 02914	City: Mansfield	State: MA	Zip: 02084

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

Director Name: Scott George			Director Name: Elizabeth Vanner		
Street Address: 466 Chapel Street			Street Address: 18 Cushman Avenue		
City: Harrisville	State: RI	Zip: 02830	City: East Providence	State: RI	Zip: 02914
Director Name: Ronald Matthews			Director Name: Daniel Butler		
Street Address: 99 Windsong Road			Street Address: 15 Beverly Drive		
City: Cumberland	State: RI	Zip: 02864	City: Lincoln	State: RI	Zip: 02864

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
Scott George	6/11/21 ✓

Signature of Officer/Authorized Representative: Scott J. George ✓

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

Annual Report for the year: 2021 - continuation

HIDDEN SHORES HOME OWNER'S ASSOCIATION, INC.

8. List all directors - continuation

Name and Address:

Paul Jacobson
16 Leonard Drive
Harrisville, RI 02830