RI SOS Filing Number: 202198992820 Date: 7/2/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JUL 02 2021

BY 142

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
000111947	**Doc Horse Estates Homeowners' Association**
3 State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To care for, maintain, and repair those certain lots of Doc Horse Estates in North Kingstown, RI designated as open space.
4 NAICS Code 624229	

6. Principal Office Address	City	State	Zip
102 Hidden Lake Drive	Saunderstown	RI	02874

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

President Name Jeffrey Tagen			Vice-President Name Brian Cooper		
Street Address 102 Hidden Lake Drive			Street Address 44 Hidden Lake Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Christine Maybach			Treasurer Name Patricia Bonzagni		
Street Address 91 Hidden Lake Drive			Street Address 132 Hidden Lake Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874

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

Director Name Jeffrey Tagen			Director Name Brian Cooper		
Street Address 102 Hidden Lake Drive			Street Address 44 Hidden Lake Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Christine Maybach			Director Name Patricia Bonzagni		
Street Address 91 Hidden Lake Drive			Street Address 132 Hidden Lake Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874

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
Jeffrey Tagen	6/29/2021

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

FORM 631 - Revised: 08/2020