

State of Rhode Island

## **Department of State - Business Services Division**

FILED

JUL 0 2 2021

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

BY A	142
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1 Entity ID Number 000111947		2. Exact name of the Corporation  Doc Horse Estates Homeowners' Association					
3 State of Incorporation RI	To care for,	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 102 Hidden Lake Drive	7		City Saunderstown	State RI	Zip 02874 -		
7 List ALL officers (names and	d addresses)			Check the box to indi	icate 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 a	nd addresses). RI (	Corporations MUST	list at least THREE directors.	Check the box to indi	icate an attachment		
Director Name Jeffrey Tagen			Director Name Brian Coope	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 infort	mation of record wit	th the Ri Departmer	nt of State is accurate. Changes	require filing Form 64	i1		
Under penalty of perjury, I d statements, and that all stat			ed this report, including any and correct.	scompanying sched	dules and		
			Secretary, Treasurer, duly Authorized Rep	presentative Receiver or Tr	uslee		
Name of Officer/Authorized Representative Jeffrey Tagen				Date 6/29/2021			
Signature of Officer/Authorized	d Representative						

MAIL TO:

Division of Business Services

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