



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

FEB 06 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY _____

1. Entity ID Number 000081075		2. Exact name of the Corporation Heritage Home Park Co-Operative	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATE AND ADVISE MOBILE/MANUFACTURED HOME OWNERS & RESIDENTS OF HERITAGE HOME PARK COOPERATIVE. TITLE: 7-6	
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>			
6. Principal Office Address 1341 West Main Road		City Middletown	State RI Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ernest St. Laurent		Vice-President Name Karen Arruda	
Street Address 99 Heritage Park		Street Address 63 Heritage Park	
City Tiverton	State RI	Zip 02878	City Tiverton State RI Zip 02878
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Megan Eolin		Director Name Manuel Felix	
Street Address 58 Heritage Park		Street Address 37 Heritage Park	
City Tiverton	State RI	Zip 02878	City Tiverton State RI Zip 02878
Director Name James Alexander		Director Name	
Street Address 31 Heritage Park		Street Address	
City Tiverton	State RI	Zip 02878	City State Zip
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 Ana Lake (Coastal Property Management Agent of Heritage Home Park)			Date 1/30/2023
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: 11/2021