



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001717315

2. Name of Corporation Whitetail Estates Homeowners Association

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 420 SCRABBLETOWN ROAD

SUITE G

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

HOMEOWNERS ASSOCIATION TO MAINTAIN AND ENHANCE PROPERTY VALUE
THROUGH THE ENFORCING OF COVENANTS AND MAINTENANCE OF COMMON
AREAS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	WENDY A KINSELLA	420 SCRABBLETOWN ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT E DEBLOIS JR	420 SCRABBLETOWN ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT E. DEBLOIS III	420 SCRABBLETOWN ROAD NORTH KINGSTOWN, RI 02852 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET SUITE 1E PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of April, 2023 at 3:55:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WENDY A. KINSELLA
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved