



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

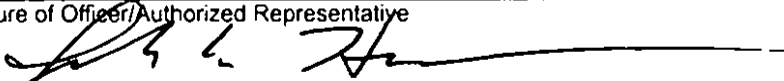
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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BUS SVCS DIV

2023 MAY 26 PM 1:21

1. Entity ID Number 000031918		2. Exact name of the Corporation Featherbed Estates Homeowners Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The purpose of the homeowners association is to hold title to land and pay costs necessary to hold and maintain the land using money from assessments levied upon the members.			
4. NAICS Code 813990					
6. Principal Office Address 82 Bedford Lane		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John E. Hanus			Vice-President Name None		
Street Address 82 Bedford Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Martha L. Dwyer			Treasurer Name Sophie D. Fair		
Street Address 68 Bedford Lane			Street Address 65 Bedford Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 John E. Hanus			Director Name Sophie D. Fair		
Street Address 82 Bedford Lane			Street Address 65 Bedford Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Martha L. Dwyer			Director Name None		
Street Address 68 Bedford Lane			Street Address		
City North Kingstown	State RI	Zip 02852	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative John E. Hanus					Date 5/22/2023
Signature of Officer/Authorized Representative 					FILED MAY 26 2023

MAIL TO:

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Website: www.sos.ri.govBY 46 VQT 1:53