



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## 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

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|  |          |   |                                |                   |              |
|--|----------|---|--------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>000031918   |          | 2. Exact name of the Corporation<br>Featherbed Estates Homeowners Association, Inc.   |                                |                   |              |
| 3. State of Incorporation<br>Rhode Island  |          | 5. Brief description of the character of business conducted in Rhode Island<br>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<br>813990  |          |   |                                |                   |              |
| 6. Principal Office Address<br>82 Bedford Lane   |          | City<br>North Kingstown   |                                | State<br>RI       | Zip<br>02852 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |          |   |                                |                   |              |
| 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |          |   |                                |                   |              |
| 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.  |          |   |                                |                   |              |
| <b>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.</b>        |          |   |                                |                   |              |
| <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<br><b>John E. Hanus</b>  |          |   |                                | Date<br>5/22/2023 |              |
| Signature of Officer/Authorized Representative<br>   |          |   |                                | FILED             |              |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

MAY 26 2023

BY 46VQT

FORM 631 - Revised: 2/2023