



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2015  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number <b>000031918</b>		2. Exact name of the Corporation <b>Featherbed Estates Homeowners Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		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 <b>813990</b>					
6. Principal Office Address <b>68 Bedford Lane</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Martha L. Dwyer</b>			Vice-President Name <b>None</b>		
Street Address <b>68 Bedford Lane</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>Sophie D. Fair</b>			Treasurer Name <b>Sophie D. Fair</b>		
Street Address <b>65 Bedford Lane</b>			Street Address <b>65 Bedford Lane</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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 <b>Martha L. Dwyer</b>			Director Name <b>Sophie D. Fair</b>		
Street Address <b>68 Bedford Lane</b>			Street Address <b>65 Bedford Lane</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Joseph J. Malley</b>			Director Name <b>None</b>		
Street Address <b>73 Bedford Lane</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	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>					
<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 <b>John E. Hanus</b>				Date <b>5/22/2023</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b> <b>MAY 26 2023</b>	

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

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