



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 1998
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 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 16 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 Mark J. Campbell			Vice-President Name None		
Street Address 16 Bedford Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Nancy Kenna			Treasurer Name Susan M. Howe		
Street Address 59 Bedford Lane			Street Address 45 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 Mark J. Campbell			Director Name Susan M. Howe		
Street Address 16 Bedford Lane			Street Address 45 Bedford Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Nancy Kenna			Director Name None		
Street Address 59 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.					
<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 John E. Hanus					Date 5/22/2023
Signature of Officer/Authorized Representative FILED					

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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