

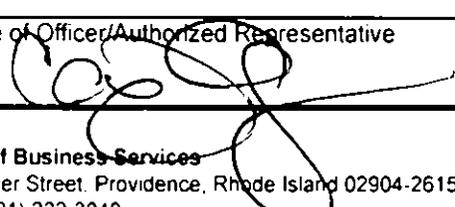


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation \_\_\_\_\_

JUN 02 2023  
1008

- Filing period February 1 - May 1
- Filing Fee \$20.00
- Penalty Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number <b>00791915</b>		2. Exact name of the Corporation <b>Devon Woods Homeowners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Maintenance and upkeep of common land</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>24 White Oak Court</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</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>Patricia Fetta</b>			Vice-President Name		
Street Address <b>24 White Oak Court</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Cheryl Murray</b>			Treasurer Name <b>Courtney Glasby</b>		
Street Address <b>39 Whispering Pine Trl</b>			Street Address <b>40 Whispering Pine Trl</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</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>Patricia Fetta</b>			Director Name <b>Courtney Glasby</b>		
Street Address <b>24 White Oak Court</b>			Street Address <b>40 Whispering Pine Trl</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Cheryl Murray</b>			Director Name		
Street Address <b>39 Whispering Pine Trl</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</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>					
<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 <b>Courtney A. Glasby</b>				Date <b>5/30/2023</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov