



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

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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1. Entity ID Number <b>47965</b>		2. Exact name of the Corporation <b>Sherwood Homeowners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Association to manage neighborhood sewer system.</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>PO Box 557</b>			City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</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>Chris Shaw</b>			Vice-President Name <b>Ric Pellechio</b>		
Street Address <b>160 sherwood dr</b>			Street Address <b>138 sherwood drive</b>		
City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</b>	City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</b>
Secretary Name <b>Tom Sullivan</b>			Treasurer Name <b>George Giacobbi</b>		
Street Address <b>45 sherwood terr</b>			Street Address <b>15 sherwood rd</b>		
City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</b>	City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</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>Lois Miller</b>			Director Name <b>Chris Kracik</b>		
Street Address <b>67 sherwood dr</b>			Street Address <b>54 sherwood terr</b>		
City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</b>	City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</b>
Director Name <b>Robert Marsden</b>			Director Name		
Street Address <b>68 sherwood dr</b>			Street Address		
City <b>portsmouth</b>	State <b>ri</b>	Zip <b>02871</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>Chris Shaw</b>					Date <b>7/17/23</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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