

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2023 JUN 28 P 1:04

Annual Report for the year: 2023
Non-Profit Corporation

JUL 20 2023 *ov*
0002

- 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 001732668 | | 2. Exact name of the Corporation Doe Circle Home Owners Association | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Home Owner Association | | | |
| 4. NAICS Code 813910 | | | | | |
| 6. Principal Office Address 62 Doe Circle | | | City Charlestown | State RI | Zip 02813 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Keegan A. Reed | | | Vice-President Name | | |
| Street Address 62 Doe Circle | | | Street Address | | |
| City Charlestown | State RI | Zip 02813 | City | State | Zip |
| Secretary Name Shannon Reed | | | Treasurer Name | | |
| Street Address 62 Doe Circle | | | Street Address | | |
| City Charlestown | State RI | Zip 02813 | City | State | Zip |
| 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 Glen Gauthier | | | Director Name Jim Grundy | | |
| Street Address 45 Doe Circle | | | Street Address PO Box 313 | | |
| City Charlestown | State RI | Zip 02813 | City Exeter | State RI | Zip 02822 |
| Director Name Jeanne L. Bonin | | | Director Name | | |
| Street Address 74 Doe Circle | | | Street Address | | |
| City Charlestown | State RI | Zip 02813 | 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. | | | | | |
| <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 Keegan A. Reed | | | | | Date 6/24/23 |
| Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i> | | | | | |

RECEIVED

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