	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S			
1636	Providence RI 029			
.030	(401) 222-30	40		
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-0 annual report within the time p penalty fee of \$25.00.	· · ·			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>		
1. Corporate ID No. 0000	<u>56872</u>			
2. Name of Corporation <u>Jam</u>	estown Estates Homeowner	's Association		
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kr	dropdown will	
NAICS Code				
<u>813920</u>				
4. Principal Office Address				
No. and Street: 30 WES'	TWIND DRIVE			
City or Town: JAMES		e: <u>RI</u> Zip: <u>02835</u>	Country: <u>USA</u>	
5. Brief Description of the Cr	naracter of the Affairs Condu	icted in Rhode Island	I	
HOMEOWNERS ASSOCIA	ATION			
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name		ress	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country	
1				

PRESIDENT	ROBERT POWERS	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
TREASURER	DAVID REARDON	92 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
SECRETARY	RENEE MCCOOEY	70 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
VICE PRESIDENT	SHARON PURDIE	60 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	ROBIN MAIN	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	ROBERT POWERS	30 WESTWIND DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	TED SYBERTZ	60 WESTWIND DRIVE JAMESTOWN, RI 02835 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT S. POWERS 30 WESTWIND DRIVE JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 6 Day of February, 2024 at 10:32:18 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By ROBERT S POWERS

Signature of Authorized Person

Form No. 631 Revised 09/07

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