State of Rhode Island       Fee: \$20.00         Office of the Secretary of State       Division Of Business Services         148 W. River Street       Providence RI 02904-2615         Providence RI 02904-2615       (401) 222-3040         Non-Profit Corporation       Annual Report         Filing Pariod: February 1 - May 1       In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fiee of \$25.00.         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024       1.         1. Corporate ID No.       000006729         2. Name of Corporation Lions Head Homeowners Association, Inc.       3.         3. State of Incorporation       State of Incorporation State: El         Vising the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       237990         4. Principal Office Address       No. and Street: <u>3 CARRIAGE TRL</u> No. and Street: <u>3 CARRIAGE TRL</u> Tip: 02806       Country: USA         5. Brief Description of the Character of the Affairs Conducted in Rhode Island       TO PROVIDE FOR THE CARE, MAINTENANCE AND REPAIR OF THE PARCELS </th <th></th> <th></th> <th></th> <th></th> <th></th>						
148 W. River Street         Providence RI 02904-2615 (401) 222-3040         Non-Profit Corporation Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25 0.0         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024         1. Corporate ID No. 000066729         2. Name of Corporation Lions Head Homeowners Association, Inc.         3. State of Incorporation         State: RI         NAICS CODE         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a AICS Code beased on the chosen selecting. If the NAICS Code is ANAICS Code         237090         4. Principal Office Address         No. and Street: 3_CARRIAGE TRI. City or Town: BARRINGTON State: RI Zip: 02806 Country: USA         5. Brief Description of the Character of the Affairs Conducted in Rhode Island         TO PROVIDE FOR THE CARE, MAINTENANCE AND REPAIR OF THE PARCELS DESIGNATED AS DETENTION BASIN AREAS         6. Names and Addresses of the Officers and Directors: All Directors and Officers must be listed individually. The number o					Fee: \$20.00	
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Island Corporation shall not be less than 3.	6. Names and Addresses of the Officers and Directors:					
Title Individual Name Address						
	Title	Individua	Name	/	Address	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JON MAGNUSSEN	3 CARRIAGE TRAIL BARRINGTON, RI 02806 USA
TREASURER	JANINE CONNELLY	8 CARRIAGE TRAIL BARRINGTON, RI 02806 USA
SECRETARY	NEILE HARTMAN	18 GREAT ROAD BARRINGTON, RI 02806 USA
VICE PRESIDENT	RICHARD BERRIDGE	20 GREAT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JON MAGNUSSEN	3 CARRIAGE TRAIL BARRINGTON, RI 02806 USA
DIRECTOR	RICHARD BERRIDGE	20 GREAT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JANINE CONNELLY	8 CARRIAGE TRAIL BARRINGTON, RI 02806 USA
DIRECTOR	NEILE HARTMAN	18 GREAT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DAVID TOPOR	5 REGAL POINT BARRINGTON, RI 02806 USA
DIRECTOR	GERALD GATO	5 CARRIAGE TRAIL BARRINGTON, RI 02806 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

JON MAGNUSSEN 3 CARRIAGE TRL BARRINGTON , RI 02806

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

## Signed this 29 Day of February, 2024 at 1:45:42 PM 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 JON MAGNUSSEN

Signature of Authorized Person

Form No. 631 Revised 09/07

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