



State of Rhode Island
Department of State - Business Services Division

REC'D RID05 BSD
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Annual Report for the year: 2024
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.

1. Entity ID Number 000100707		2. Exact name of the Corporation BROOKSIDE AT QUIDNESSETT HOME OWNERS ASSOCIAT			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ACQUIRING REAL ESTATE IN NORTH KINGSTOWN, RI TO BE USED FOR RECREATIONAL OR CONSERVATION PURPOSES. TITLE: 7-6			
4. NAICS Code 813990					
6. Principal Office Address 41 CREST FIELD LANE			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVE ELLIOTT			Vice-President Name SANDI SOTIS		
Street Address 41 CREST FIELD LANE			Street Address 201 CREST FIELD LANE		
City NORTH KINGSTOW	State RI	Zip 02852	City NORTH KINGSTOW	State RI	Zip 02852
Secretary Name MATT GABRIEL			Treasurer Name ALAN FERRARA		
Street Address 110 CREST FIELD LANE			Street Address 187 CREST FIELD LN		
City NORTH KINGSTOW	State RI	Zip 02852	City NORTH KINGSTOW	State RI	Zip 02852
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 STEVE ELLIOTT			Director Name ALAN FERRARA		
Street Address 41 CREST FIELD LANE			Street Address 187 CREST FIELD LN		
City NORTH KINGSTOW	State RI	Zip 02852	City NORTH KINGSTOW	State RI	Zip 02852
Director Name CHRIS VOGHT			Director Name		
Street Address 141 CREST FIELD LN			Street Address		
City NORTH KINGSTOW	State RI	Zip 02852	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.					
<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 STEVE ELLIOTT				FILED	Date 4/8/24
Signature of Officer/Authorized Representative <i>[Signature]</i>				APR 08 2024 JYKQT	

MAIL TO:
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