



State of Rhode Island
Department of State - Business Services Division

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.

FILED

APR 29 2024

BY 1618

1. Entity ID Number 000102540		2. Exact name of the Corporation THE GENTRY FARMS HOMEOWNERS' ASSOCIATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESIDENTIAL HOMEOWNERS ASSOCIATION	
4. NAICS Code 813990			
6. Principal Office Address 19 GENTRY FARMS DRIVE		City COVENTRY	State RI
			Zip 02816
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH SANTURRI		Vice-President Name THOMAS DUPREE	
Street Address 19 GENTRY FARMS DRIVE		Street Address 20 GENTRY FARMS DRIVE	
City COVENTRY	State RI	City COVENTRY	State RI
	Zip 02816		Zip 02816
Secretary Name BECKY SIMON		Treasurer Name JUDITH HETHERMAN	
Street Address 14 GENTRY FARMS DRIVE		Street Address 6 GENTRY FARMS DRIVE	
City COVENTRY	State RI	City COVENTRY	State RI
	Zip 02816		Zip 02816
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 JOSEPH SANTURRI		Director Name THOMAS DUPREE	
Street Address 19 GENTRY FARMS DRIVE		Street Address 20 GENTRY FARMS DRIVE	
City COVENTRY	State RI	City COVENTRY	State RI
	Zip 02816		Zip 02816
Director Name BECKY SIMON		Director Name JUDITH HETHERMAN	
Street Address 14 GENTRY FARMS DRIVE		Street Address 6 GENTRY FARMS DRIVE	
City COVENTRY	State RI	City COVENTRY	State RI
	Zip 02816		Zip 02816
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Joseph Santurri			Date 4/24/24
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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