



State of Rhode Island
Department of State - Business Services Division

MAY 13 2024

02

103

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 001717315		2. Exact name of the Corporation WHITETAIL ESTATES HOMEOWNERS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
4. NAICS Code 813319					
6. Principal Office Address 42 IRONWOOD 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 MATTHEW MCGUIRE			Vice-President Name EAN HANSEN		
Street Address 42 IRONWOOD DRIVE			Street Address 33 IRONWOOD DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name NICHOLAS CANNATA			Treasurer Name JAKE FLEURY		
Street Address 39 IRONWOOD DRIVE			Street Address 30 IRONWOOD DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	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 RYAN O'ROURKE			Director Name RYAN BLAKE		
Street Address 44 IRONWOOD DRIVE			Street Address 38 IRONWOOD DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name JOHN COOMBS			Director Name NONE		
Street Address 37 IRONWOOD DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State RI	Zip 02816
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 MATTHEW MCGUIRE					Date 5/9/2024
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov