



State of Rhode Island
Department of State - Business Services Division

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 FOR SECRETARY OF STATE
 USE ONLY

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 001042040		2. Exact name of the Corporation Fox Hollow Homeowners' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOMEOWNER'S ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address 485 Main Street			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anne Jackson			Vice-President Name		
Street Address 106 Fox Hollow Road			Street Address		
City North Kingston	State RI	Zip 02852	City	State	Zip
Secretary Name Daniel Ferriola			Treasurer Name Kim Reilly		
Street Address 122 Fox Hollow Road			Street Address 95 Fox Hollow Road		
City North Kingston	State RI	Zip 02852	City North Kingston	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 Anne Jackson			Director Name Daniel Ferriola		
Street Address 106 Fox Hollow Road			Street Address 122 Fox Hollow Road		
City North Kingston	State RI	Zip 02852	City North Kingston	State RI	Zip 02852
Director Name Kim Reilly			Director Name Anne Jackson		
Street Address 95 Fox Hollow Rd.			Street Address 106 Fox Hollow Rd.		
City N. KINGSTON	State RI	Zip 02852	City N. KINGSTON	State RI	Zip 02852
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 Nicholas Balzano					Date 4.30.24
Signature of Officer/Authorized Representative					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY WFGol
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