



**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.

1. Entity ID Number 001753548	2. Exact name of the Corporation Whispering Pine Estates Homeowners Association, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island homeowners association for maintenance of road and drainage infrastructure		
4. NAICS Code 813990			
6. Principal Office Address 11 Cherry Blossom Lane		City Smithfield	State RI
			Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank Simonelli		Vice-President Name	
Street Address 13 Chiswick Road		Street Address	
City Greenville	State RI	Zip 02828	
Secretary Name Frank Simonelli		Treasurer Name Frank Simonelli	
Street Address 13 Chiswick Road		Street Address 13 Chiswick Road	
City Greenville	State RI	Zip 02828	Zip 02828
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 Frank Simonelli		Director Name Maria Simonelli	
Street Address 13 Chiswick Road		Street Address 13 Chiswick Road	
City Greenville	State RI	Zip 02828	Zip 02828
Director Name Frank P. Simonelli		Director Name	
Street Address 11 Cherry Blossom Lane		Street Address	
City Smithfield	State RI	Zip 02917	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 Timothy F. Kane			Date 9/25/24
Signature of Officer/Authorized Representative <i>Timothy F. Kane</i>			

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2024 SEP 27 PM 12:43

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BY 535DJ

MAIL TO:
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