



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

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

JAN 29 2025

BY 13942

1. Entity ID Number 001711935		2. Exact name of the Corporation Griffin Court Home Owners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Home Owners Association			
4. NAICS Code 813910					
6. Principal Office Address 140 Reservoir Avenue			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Douglas H. Smith			Director Name Stephen D. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Kelly Fields			Director Name		
Street Address 271-1 Great Island Road			Street Address		
City Narragansett	State RI	Zip 02882	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 Douglas H. Smith				Date 1/21/25	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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