



State of Rhode Island
Department of State - Business Services Division

FILED**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.

FEB 03 2025

BY 137 AA

1. Entity ID Number 001714541		2. Exact name of the Corporation SOUTH COUNTY TRAIL HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOMEOWNERS ASSOCIATION			
4. NAICS Code 813990					
6. Principal Office Address P.O. BOX 794			City WEST KINGSTON	State RI	Zip 02892
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 JONATHAN DONIGAN			Director Name AMY FRATANTONIO		
Street Address 29 MICHAELA COURT			Street Address 94 MICHAELA COURT		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name RICHARD SERPA			Director Name ALEXANDER FINN		
Street Address 89 MICHAELA COURT			Street Address 91 MICHAELA COURT		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
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 RICHARD D SERPA				Date 01/19/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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