State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 03 2025
FOR SECRETARY OF STATE USE ONLY
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000086603	Blueberry Heights Housing Cooperative Corp
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Educate + advise mobile/manufactured home owners. Title 7-1.2
4. NAICS Code: 531190	

6. Principal Office Address	City	State	Zip
2000 Warwick Avenue	Warwick	RI	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul Landry	Bob Thompson
Street Address: 19 Blueberry Heights	Street Address: 20 Blueberry Heights
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817
Secretary Name	**Treasurer Name**
Rene Olsen	Cindy Sheldon
Street Address: 2 Blueberry Heights	Street Address: 28 Blueberry Heights
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Paul Landry	Bob Thompson
Street Address: 19 Blueberry Heights	Street Address: 20 Blueberry Heights
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817
Director Name: Pattie Maine	Director Name
Street Address: 3 Blueberry Heights	Street Address
City: West Greenwich State: RI Zip: 02817	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Pattie Turner, Managing Agent
Date:
Signature of Officer/Authorized Representative: Pattie Turner

MAIL TO:
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