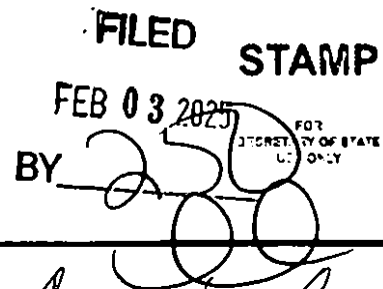




State of Rhode Island  
Department of State - Business Services Division

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<br><u>000086603</u>                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><u>Blueberry Heights Housing Cooperative Corp</u>                                                                        |                                           |
| 3. State of Incorporation<br><u>RI</u>                                                                                                                                                               |                    | 5. Brief description of the character of business conducted in Rhode Island<br><u>Educate + advise mobile/manufactured home owners.</u><br><u>Title: 7-6</u> |                                           |
| 4. NAICS Code<br><u>531190</u>                                                                                                                                                                       |                    |                                                                                                                                                              |                                           |
| 6. Principal Office Address<br><u>2000 Warwick Avenue</u>                                                                                                                                            |                    | City<br><u>Warwick</u>                                                                                                                                       | State<br><u>RI</u><br>Zip<br><u>02889</u> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                       |                    |                                                                                                                                                              |                                           |
| President Name<br><u>Paul Landey</u>                                                                                                                                                                 |                    | Vice-President Name<br><u>Bob Thompson</u>                                                                                                                   |                                           |
| Street Address<br><u>19 Blueberry Heights</u>                                                                                                                                                        |                    | Street Address<br><u>20 Blueberry Heights</u>                                                                                                                |                                           |
| City<br><u>West Greenwich</u>                                                                                                                                                                        | State<br><u>RI</u> | City<br><u>West Greenwich</u>                                                                                                                                | State<br><u>RI</u>                        |
| Zip<br><u>02817</u>                                                                                                                                                                                  |                    | Zip<br><u>02817</u>                                                                                                                                          |                                           |
| Secretary Name<br><u>Bene Olsen</u>                                                                                                                                                                  |                    | Treasurer Name<br><u>Cindy Sheldon</u>                                                                                                                       |                                           |
| Street Address<br><u>2 Blueberry Heights</u>                                                                                                                                                         |                    | Street Address<br><u>28 Blueberry Heights</u>                                                                                                                |                                           |
| City<br><u>West Greenwich</u>                                                                                                                                                                        | State<br><u>RI</u> | City<br><u>West Greenwich</u>                                                                                                                                | State<br><u>RI</u>                        |
| Zip<br><u>02817</u>                                                                                                                                                                                  |                    | Zip<br><u>02817</u>                                                                                                                                          |                                           |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                                                                                                                                                              |                                           |
| Director Name<br><u>Paul Landey</u>                                                                                                                                                                  |                    | Director Name<br><u>Bob Thompson</u>                                                                                                                         |                                           |
| Street Address<br><u>19 Blueberry Heights</u>                                                                                                                                                        |                    | Street Address<br><u>20 Blueberry Heights</u>                                                                                                                |                                           |
| City<br><u>West Greenwich</u>                                                                                                                                                                        | State<br><u>RI</u> | City<br><u>West Greenwich</u>                                                                                                                                | State<br><u>RI</u>                        |
| Zip<br><u>02817</u>                                                                                                                                                                                  |                    | Zip<br><u>02817</u>                                                                                                                                          |                                           |
| Director Name<br><u>Pattie Maine</u>                                                                                                                                                                 |                    | Director Name                                                                                                                                                |                                           |
| Street Address<br><u>3 Blueberry Heights</u>                                                                                                                                                         |                    | Street Address                                                                                                                                               |                                           |
| City<br><u>West Greenwich</u>                                                                                                                                                                        | State<br><u>RI</u> | City                                                                                                                                                         | State                                     |
| Zip<br><u>02817</u>                                                                                                                                                                                  |                    | 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<br><u>Pattie Turner, Managing Agent</u>                                                                                                                    |                    |                                                                                                                                                              | Date<br><u>1/1/2025</u>                   |
| Signature of Officer/Authorized Representative<br><u>Pattie Turner</u>                                                                                                                               |                    |                                                                                                                                                              |                                           |